

REVIEW OF THE NATIONAL DRUG CONTROL STRATEGY

HEARING

BEFORE THE

COMMITTEE ON THE JUDICIARY

UNITED STATES SENATE

ONE HUNDRED THIRD CONGRESS

SECOND SESSION

ON

REVIEWING STRATEGIES FOR CONTROLLING NATIONAL DRUG
PROBLEMS

FEBRUARY 10, 1994

Serial No. J-103-42

Printed for the use of the Committee on the Judiciary

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United States. Congress.
Senate. Committee on the
Review of the national drug
control strategy

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REVIEW OF THE NATIONAL DRUG CONTROL STRATEGY

THURSDAY, FEBRUARY 10, 1994

U.S. SENATE,
COMMITTEE ON THE JUDICIARY,
Washington, DC.

The committee met, pursuant to notice, at 2:10 p.m., in room SD-226, Dirksen Senate Office Building, Hon. Joseph R. Biden, Jr. (chairman of the committee), presiding.

Also present: Senators DeConcini, Feinstein, Hatch, Thurmond, Grassley, Cohen, and Pressler.

OPENING STATEMENT OF CHAIRMAN BIDEN

The CHAIRMAN. The hearing will come to order. The way we will proceed, Director, is Senator Hatch and I have brief opening statements, then we will move to you for an opening statement, and then we will get into questions, if that is all right with you.

After 4 years of proposing my own initial alternative strategy, I am gratified not to have to write one this year. This administration, I think, has offered a drug strategy that needs no alternative. President Clinton and the Drug Director, Lee Brown, have delivered a serious and comprehensive plan to combat the national drug epidemic.

Last year, in reviewing 4 years of spending and 4 years of effort—and I might make it very clear, there was nobody the first year, second year, third year, fourth year, who would get the right answer in the beginning. The whole purpose of this legislation was hopefully to learn by our experience in what is really an unprecedented effort that was undertaken.

Last year, in reviewing 4 years of spending and effort, I proposed six key steps for the future: one, committing more Federal resources to aid State and local law enforcement; two, getting all drug users who commit crimes into treatment or into jail and treatment; making drug treatment available to the now more than 1 million treatable hard-core addicts; continuing a controlled shift from some of ineffective interdiction programs—and I might make it clear I don't think all interdiction is ineffective—to promising efforts in source countries; fifth, making sure every American child receives drug education; and, sixth, having the leadership of a Drug Director with a seat at the President's Cabinet table with some real authority.

These steps are, in my view, the lynch pin of a successful war on drugs—and I don't even like that phrase "war on drugs"—a successful effort to impact on the drug problem in this country, one

with a dual focus; first, to treat existing addicts and stop drug-related crime; second, to attack the future roots of the drug epidemic, our children.

The administration's new drug strategy reflects, I believe, the lessons learned from experience and makes significant strides in each of the half a dozen key areas I just outlined. Most importantly, the new strategy shines the spotlight on hard-core addicts who are at the heart of America's drug-driven crime epidemic. Recognizing that hard-core drug addiction must be fought at a local level, the strategy commits new Federal resources to State and local governments.

I might point out that our successes here are going to be less than they have been, in my view, in dealing with the casual user because it is a much more difficult problem, and that is one of the reasons why I think the Congress and former administrations have been reluctant to hit head-on. I compliment you on taking on a problem that is going to be very difficult to deal with.

Through both its drug strategy and its support for the crime bill, the administration promises aid to State and local drug and crime enforcement with support that is 300 percent greater than any plan of the past 12 years, including a major commitment of Federal dollars to pay for 100,000 new police officers for community policing, a proven and effective response to street-level crime and drug-related crime pioneered in part by yours truly, our witness here today, when you were chief of police and ran New York City's department, as well as when you were in charge of Houston's police operation.

Second, the administration strategy calls for drug treatment for hard-core addicts both in and out of the criminal justice system, and it seeks the greatest 1-year increase in drug treatment dollars ever requested by a President. Although this still leaves a large treatment shortfall, it begins the effort now, even as we work toward long-term solutions through reform of the health care system.

Third, the administration commits itself to targeting the future root of the drug problem by seeking an increase in drug education resources that is nearly double the greatest increase called for by any past President. Together with the core crime bill, this means an additional \$1 billion for education and prevention, so that 7 million more schoolchildren will get comprehensive drug education and more than 1 million at-risk children can take part in drug prevention and antigang programs.

Fourth, the administration's plan recognizes that international drug efforts that do not treat drugs at their source have proven to be less than cost effective. This view has stood up to the real-world test. Congress gradually cut drug interdiction resources by \$800 million, with no negative impact on drug supplies. The administration has wisely continued a controlled shift of resources from the drug transit zones in the Caribbean to source country efforts.

Finally, the administration has given the Drug Director the authority and position he deserves at the Cabinet table this year. Director Brown fought for and won these historic increases contained in the President's budget. As I understand it from my discussions with the Director and others, you actually sat at the Cabinet table

when others were making their requests and you were able to have your input at that moment.

In my view, this strategy comes not a moment too soon. Drugs are the kindle that has set crime ablaze in this country, and the hard-core addict most often is the one holding the match. The problem of illegal drugs, just like the problem of crime with which it is intertwined, is susceptible to no easy, quick fix. Now, the Nation has a national strategy that builds on the previous strategies of the last administration that takes on the problem at its heart, hard-core addiction, and balances treatment and prevention with enforcement.

With our course now charted, we face a new challenge. Now, we must work to turn the strategy into action, and in the report I released today I propose prescription that involves four major steps. The first is enacting into law the crime bill which contains \$9 billion for prevention and treatment programs and the funding of 100,000 new police officers for community policing.

Second, in my view, we must pass a drug bill which I will introduce later this year that reauthorizes the Drug Director's Office, as well as the Federal Government's existing core treatment programs. The drug bill must also make the additional commitment to close the treatment gap, to reach all children with education and prevention programs, and to fully fund the Medication Development Program, one of the most promising hard-core treatment efforts, in my view.

Third, the administration must continue to adjust the allocation of drug-fighting resources so that our resources are spent on programs that work, and it must continue the effort begun by FBI Director Freeh to improve coordination between Federal agencies and between the Federal Government and State and local law enforcement.

Finally, all of us must focus on necessary reform to the very infrastructure of our society, which suffers from serious decay at critical points. Health care, welfare, education, jobs—to all of these we must commit our resources and our most innovative ideas to make an investment in our future, the children of America.

I welcome you, Director, and I look forward to discussing with you the administration's strategy, and I hope you will offer your views on how we can turn this strategy into action.

I now yield to my friend, the ranking member.

OPENING STATEMENT OF SENATOR HATCH

Senator HATCH. Thank you, Mr. Chairman. I want to compliment you for your efforts in this area. Your book "America's Drug Strategy: A Prescription For Action," I think, has been something that many people have worked on and have learned from.

I welcome Director Brown to the Judiciary Committee and I look forward to his presentation today. While, as I have expressed before, I have been a little disappointed that it has taken a year to get this policy out, I don't blame you personally for that because you were put in near the statutory deadline and it does take time to develop a strategy, and you have done it and I want to compliment you for what you have done. I appreciate your efforts.

Drugs and drug violence are problems that hit us all right at home. According to the Salt Lake Tribune, last year in my own home State of Utah, where we have been subjected to increasing drug and gang presences, there were 6,673 drug-related arrests, and one-fifth of those arrested for drugs last year were juveniles. Clearly, our children and our families are at risk.

Indeed, Mr. Chairman, we seem to be losing ground. The National Household Survey of Drug Use has recently been released. The Survey indicates that casual use of marijuana, LSD, and inhalants has increased among our young people. Perhaps more ominously, the Survey shows that the perceived risks of drug use have declined substantially, meaning simply that our young people are getting the wrong message about drugs.

We have to keep these young people from becoming hard-core addicts. We have to send them the right message, and to do this we need highly visible Presidential leadership. Without the strong leadership of our President, we will continue to lose ground.

Mr. Chairman, while I applaud the effort to increase the overall Federal commitment to combating this problem, I question the wisdom of some of the emphasis of this drug strategy. For example, the strategy places heavy emphasis on treatment of hard-core addicts. The strategy itself defines drug dependence as a "chronic, relapsing" condition. It is very difficult to treat and success rates are not entirely heartening.

I support drug treatment efforts, including efforts aimed at hard-core addicts. But given our scarce resources, I think we might be better served by focusing our scarce resources on those we can most likely save before they become hard-core addicts, and these are the so-called casual users. So I wish to raise this question about the best focus of our treatment resources because they are limited and we just can't do everything for everybody.

In addition, I am concerned that the President's budget does not match the tough anticrime rhetoric of his drug strategy. The strategy states that it "commits the full force of Federal investigative and prosecutive tools" to shut down drug dealers. One of the strategy's self-proclaimed objectives is to "reduce illicit drug trafficking * * * through apprehension, prosecution, conviction, and forfeiture."

I fear this is going to be difficult to do with the law enforcement cuts in the President's budget. The President's budget cuts over 1,500 positions from the FBI, DEA, the Justice Department's Criminal Division, the organized crime and drug task forces, and Federal prosecutors' offices. Not a single new agent has been hired by either the FBI or the DEA since President Bush left office, and none will be hired, according to this budget, until at least 1996. Furthermore, the budget cuts prison construction by nearly 30 percent.

Now, I acknowledge that sometimes these budgets are political documents, whether they come from Republican Presidents or Democrat Presidents, but that is the kind of message I hate to see sent to this country.

Moreover, while there are increases in High Intensity Drug Trafficking Areas funding and support for increasing the number of police officers on the street, there are significant cuts to the Defense Department's drug interdiction program. This means that our re-

sources will be focused on stopping the flow of drugs at the gram or kilo level, while cutting our efforts at stopping the tonnage coming in.

As I have stated on numerous occasions, I stand ready, willing and able to work with President Clinton and Director Brown in continuing the fight against drugs. Through a sustained effort on the part of the administration and the Congress, I believe we can continue to make progress in fighting drug abuse and drug-related violence throughout all of America.

So, Director Brown, I compliment you on the one hand; but I want to keep pressing the administration on the other. I know you are sincere, and I know you are very well equipped to do this job, and I know you are going to do a good job. I just wish that we could give you enough staff members to be able to do it the way you would like to do it, but we have to work with whatever limitations there are. I just hope that the President will, as we get into this budget, realize that some of these areas of drug and law enforcement have to be beefed up a little bit rather than cut back.

Thank you, Mr. Chairman.

The CHAIRMAN. Thank you.

OPENING STATEMENT OF SENATOR THURMOND

Senator THURMOND. Mr. Chairman, I ask unanimous consent that my statement appear in the record following that of Senator Hatch.

The CHAIRMAN. Any Senator who wishes to have their statement placed in the record at this time will be able to do so, without objection.

[The prepared statement of Senator Thurmond follows:]

PREPARED STATEMENT OF SENATOR THURMOND

Mr. Chairman: Today, we will hear from Director Brown as the Administration releases its 1994 National Drug Control Strategy.

The ravages of illicit drug use in America is intolerable and tears the very fabric of our society. The incidents of violent crime is most often related to drugs. The fight to take back the streets from violent offenders must be waged at the Federal, state and local levels.

The Strategy was released yesterday and there has not been time to fully assess the recommendations prior to today's hearing. However, one particular passage which caught my eye in the publication stated, "First and foremost, the strategy makes the reduction of drug use by hardcore drug users its number one priority."

Mr. Chairman, I believe there is a significant role for treatment. Yet, we must be careful not to signal a retreat in policy from interdiction and accountability. Those who use drugs must know that accountability is a primary objective in any comprehensive drug control strategy. Additionally, education for drug prevention and treatment are important components in addressing this problem. Early education is a key to convincing young people that drug use leads to adverse consequences.

Reducing the demand for drugs is vital and equally, if not more compelling, is the need for addressing the supply side of this equation through interdiction and accountability. Clearly this is a war which must be fought simultaneously on all fronts. This includes a coordinated effort among Federal law enforcement agencies as well as cooperation with state and local governments.

I also want to raise my concerns with the Administration's recent budget request for the Department of Justice. The rhetoric we hear from some in the Administration on fighting crime does not move consistently with their request to reduce the number of FBI and DEA positions as well as a reduction in federal prosecutors.

Mr. Chairman, the American people deserve our strongest response to eradicating illegal drug use in this country. This insidious threat undermines our ability to thrive as a Nation as it moves like a growing cancer across America, in our cities,

towns and rural communities. There must be no retreat in our determination for a successful conclusion to this war. A drug free society is an achievable goal and one that we can accomplish through law enforcement, education, and appropriate drug treatment programs.

I look forward to the testimony today from Director Brown as we discuss the 1994 National Drug Control Strategy.

The CHAIRMAN. Director Brown?

STATEMENT OF LEE PATRICK BROWN, DIRECTOR, OFFICE OF NATIONAL DRUG CONTROL POLICY

Mr. BROWN. Thank you. Good afternoon, Mr. Chairman and members of the Senate Judiciary Committee. It is my pleasure to appear before you today to discuss the 1994 National Drug Control Strategy. With your permission, I will submit my statement for the record and present to you a shorter version of my statement.

The CHAIRMAN. Without objection, it will be placed in the record.

Mr. BROWN. Yesterday, the President released the National Drug Control Strategy. This strategy is a bold plan to redirect and reinvigorate this Nation's efforts against drug use and drug trafficking. It recognizes that chronic hard-core drug use and the violence surrounding it are at the heart of the Nation's current drug crisis.

If we look at one of the charts here, it will show what we are talking about in reference to the hard-core drug use. It represents a disproportionate amount of the drug use. We have seen reductions in the casual use, represented by the blue. We are not seeing that, as represented by the yellow, on that chart.

[A series of charts follows:]

Breaking the Cycle of Drug Abuse

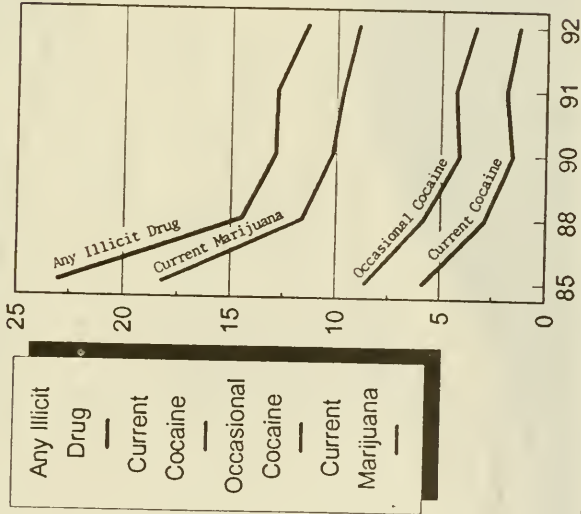
1994 NATIONAL DRUG CONTROL STRATEGY



The Drug User Population

Casual Use Declining

Millions of Users

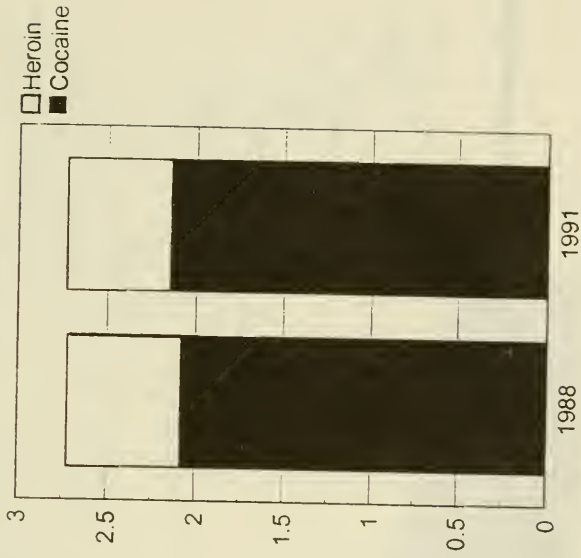


Source: Household Survey

Hardcore users include individuals who use illicit drug at least weekly and exhibit behavioral problems stemming from their drug use.

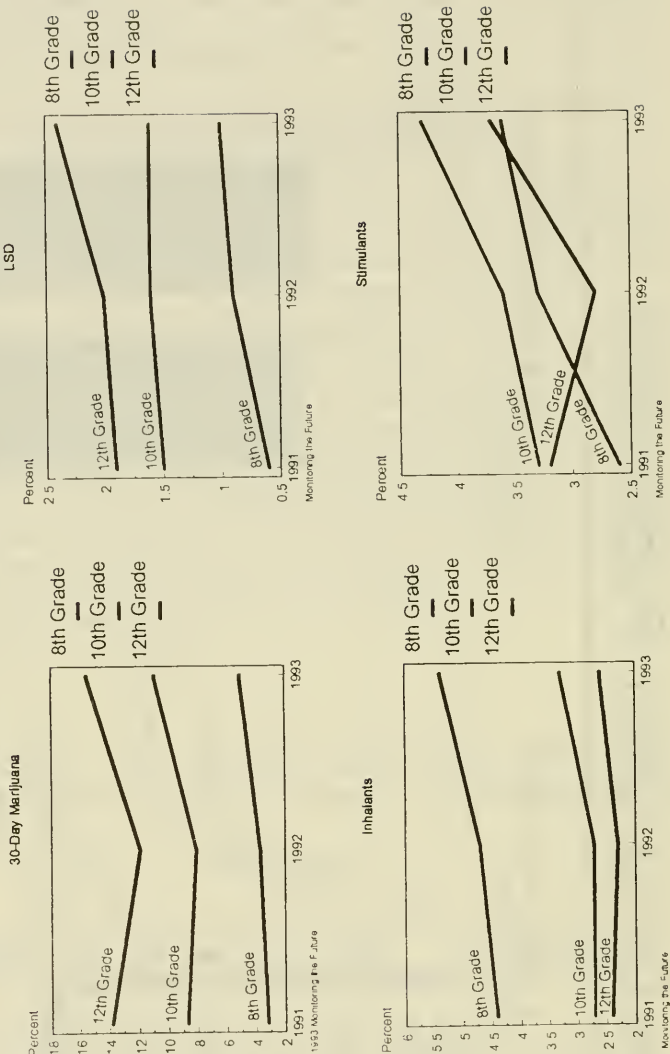
Hardcore Use Continues Unabated

Millions of Users

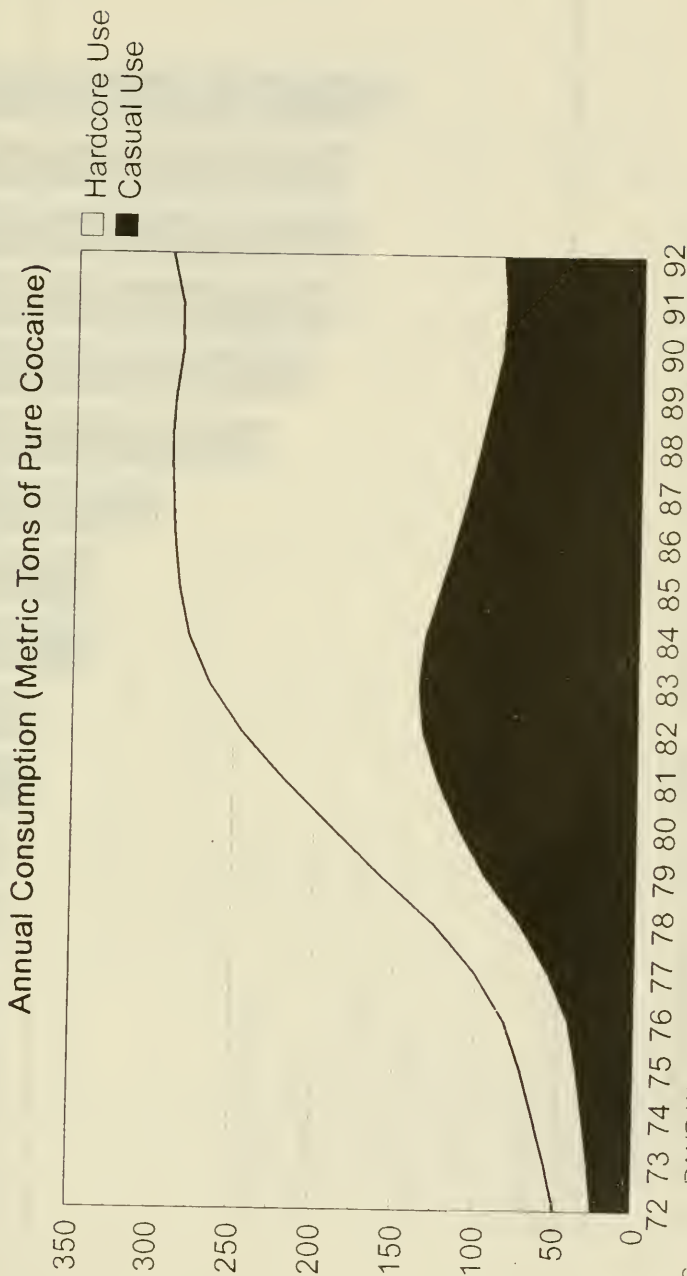


ONDCP estimates.

Problem: 8th, 10th, and 12th Grade Casual Use on the Rise

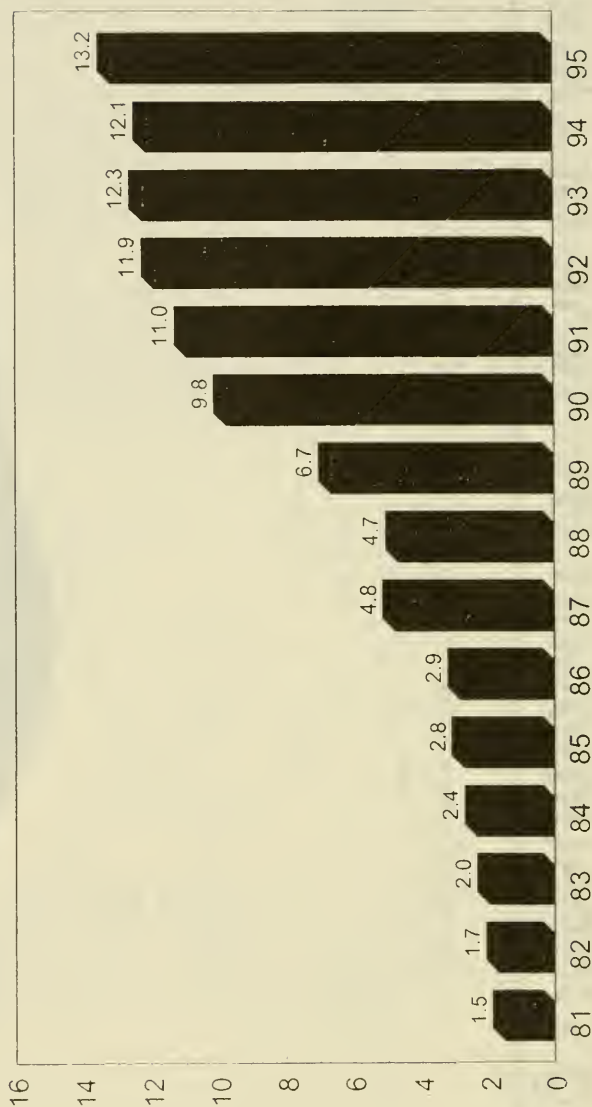


Drug Consumption By Type of User



Federal Drug Control Budget, 1981-1995

Budget Authority in Billions of Dollars



Federal Drug Control Spending by Function, FY 1993 - FY 1995

(\$ in millions)

	FY 1993 Actual	FY1994 Enacted	FY 1995 Request	FY94-95 \$ Change	FY94-95 % Change
Drug Treatment	2,339.1	2,514.1	2,874.4	+360.3	14.3%
Prevention *	1,556.5	1,602.4	2,050.7	+448.2	28.0%
Criminal Justice	5,685.1	5,700.4	5,926.9	+226.6	4.0%
International	523.4	351.4	427.8	+76.4	21.7%
Interdiction	1,511.1	1,299.9	1,205.6	-94.3	-7.3%
Research	499.1	504.6	531.6	+27.0	5.3%
Intelligence	150.9	163.4	162.8	-0.6	-0.4%
TOTAL	12,265.3	12,136.2	13,179.8	+1,043.6	8.6%

* Education, Community Action, and the Workplace

Supply and Demand Resources

- Of the total \$13.2 billion requested for drug control in FY 1995:

- 59 percent is for supply reduction programs, and

- 41 percent is for demand reduction programs.

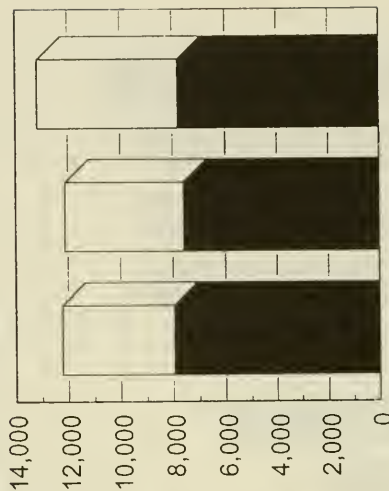
- The FY 1995 request is \$1.0 billion more than the FY 1994 enacted level.

- \$827 million of the increase in total resources is for demand reduction programs, and

- \$217 million is for supply reduction programs.

Supply/Demand Resources

(\$ in millions)



	FY 1993	FY 1994	FY 1995
Supply	7,963.4	7,592.3	7,809.4
Demand	4,301.9	4,544.0	5,370.5

Major Strategy Budget Initiatives

- **Reducing Hardcore Use through Treatment:** \$355 million plus Crime Bill resources increases the number of hardcore users in treatment by almost 140,000 per year.
- **Ensuring Safe and Drug Free Schools:** \$191 million for two programs: the Safe Schools Program, and the Safe and Drug-Free Schools and Communities State Grant Program.
- **Empowering Communities:** \$1.0 billion in total resources for community programs including (1) \$568 million for Community Policing (2) \$50 million for Community Empowerment (3) \$115 million for Community Partnerships and (4) \$98 million for HIDTA.
- **Focusing on Source Countries:** \$72 million in new funds for source country programs to support the controlled shift of resources from the transit zones to the source countries.

Mr. BROWN. It emphasizes the need to empower local communities with an integrated plan of education, prevention, treatment and law enforcement, and it changes the way the United States carries out international drug control policy and refocuses interdiction efforts away from the transit zones to working directly with the source countries.

The National Drug Control Strategy estimates that there are approximately 2.7 million chronic hard-core drug users of cocaine and heroin in the United States, and establishes as one of its targets the reduction of chronic drug use at an annual average rate of 5 percent. Overall, the strategy establishes as an objective the reduction of all illicit drug use at an average annual rate of 5 percent.

When we submitted the Interim National Drug Control Strategy to Congress in September of 1993, as requested by this committee, we said our new strategy would reflect a sea change in the way we responded to America's drug problem. Mr. Chairman, we have delivered on that promise, but as the President has noted, drug use is more than a criminal justice problem. It is also a public health problem. Reducing drug use is more complex than simply funding programs to reduce the supply and demand for drugs. A comprehensive drug strategy must address the lack of educational opportunities, good jobs, quality health care, affordable housing, and safe neighborhoods.

To carry out the National Drug Control Strategy, the President is requesting, as reflecting in the next chart, a record budget request of \$13.2 billion to enhance programs dedicated to control and prevent drug abuse. Given the tight fiscal constraints within the overall Presidential budget, the 1995 request clearly expresses this administration's commitment to alleviating the problems associated with drugs, crime, and violence.

I should note that as a result of the President's decision to make the Director of ONDCP a member of the Cabinet, I, as the chairman said, sat with the President when he reviewed the budget submissions of the executive departments with drug control responsibility. The budget before the Congress is a direct result of that process and the President's determination to make drug control a priority within the Cabinet of his administration.

Yesterday when the President released his budget, not only were the President and Vice President there and other Members of Congress, including our chairman, but also seven other members of the Cabinet joined us in that release. That has not ever occurred before.

Four major new initiatives are included in the fiscal year 1995 budget to carry out the National Drug Control Strategy. The first one is reducing chronic hard-core use through treatment. The request of \$355 million, in addition to those funds currently available in the Substance Abuse Block Grant, plus resources forthcoming from the crime bill, will increase the number of chronic hard-core users in treatment both within and outside the criminal justice system by 140,000 per year.

Second, protecting children through education and prevention. The strategy proposes an increase of \$191 million for the Safe Schools Program and the Drug-Free Schools and Communities State Grant Program to, if you would, inoculate our youth against

the dangers of drug use. The strategy will help to achieve America 2000 Goal 6 of the National Education Goals that every school will be free of drugs and violence by the year 2000.

Third is empowering our communities. The national strategy underscores the importance of the Federal Government in coming to the assistance of those communities hit hardest by drug abuse and drug trafficking. Accordingly, \$1 billion is allocated for community programs, including \$568 for community policing, \$50 million for community empowerment, \$115 million for community partnerships, and \$96 million for the High Intensity Drug Trafficking Areas program.

Focusing on source countries: The strategy recognizes that effective international narcotics control will result from successful institution-building in drug source and transit countries. As a result, the budget proposes \$76 million in new funds for source country programs to support the controlled shift of resources from the transit zones to source countries. These new funds will enhance support for conducting law enforcement activities, building judicial institutions, and creating an economic and social environment that supports alternatives to drug cultivation and trafficking.

Next, we look at making the streets safe. The strategy recognizes that demand reduction programs, drug treatment, prevention, and education face an uphill battle when drugs are readily available. To make streets safe, the strategy advocates passage of the crime bill provisions to put more police on the streets; expand community policing; expand treatment for incarcerated chronic hard-core users; increase the number and use of boot camps for nonviolent offenders; provide for drug courts to offer counseling, treatment and drug testing for nonviolent offenders; and control the proliferation of guns, especially assault weapons, in our neighborhoods.

Let me briefly discuss some other strategy highlights. The 1994 National Drug Control Strategy changes the manner in which ONDCP evaluates progress in reducing drug use. The 1994 strategy includes 14 long-term goals, each containing specific 2-year objectives. Goal 1 is the strategy's overarching goal, and that is reducing illicit drug use. The remaining goals pertain specifically to supply reduction and demand reduction programs.

Now, how do these goals and objectives compare to past strategies? How will we measure progress? First, let me say that past goals are contained in the 1994 strategy. Second, we have expanded the previous goals to reflect the greater emphasis on the problems of hard-core use. Third, given recent criticism by GAO and others about the problems of existing surveys to measure progress in reducing drug use, we are developing a new survey of hard-core drug users to give us a better measurement tool for tracking progress in reducing the number of users in this critical population.

Past strategies established goals that mostly emphasizes a reduction of drug use by casual drug users and goals related to reducing availability. The 1994 strategy will continue to track these measures as part of Goal 1; that is, to reduce the number of drug users in America.

Past strategies included a goal to reduce the health consequences of drug use, measured by drug-related hospital emergencies. This

measure will be used in the 1994 strategy against Goal 3, which is to reduce the burden on the health care system.

Finally, previous strategies included goals pertaining to illicit drug availability. The 1994 strategy will continue to rely on such measures, but given the emphasis on source country supply reduction efforts in the 1994 strategy, more attention will be paid to measures focusing on cultivation of coca and poppy.

Let me close by talking briefly about ONDCP programs. The ONDCP fiscal year 1995 budget reflects a recognition of the increasing concentration of drug problems in hard-core drug-using populations. \$45 million is requested for transfer from the special forfeiture fund to the Substance Abuse and Mental Health Services Administration to provide treatment services for chronic hard-core drug users.

The High Intensity Drug Trafficking Areas program has developed into a very effective partnership between Federal, State, and local law enforcement agencies. The HIDTA budget request allows for continued funding in fiscal year 1995 of the original gateway HIDTA's, as well as a newly designated HIDTA, to increase the focus, coordination and effectiveness of Federal, State, and local efforts against drug distribution networks. This new HIDTA will serve the Washington-Baltimore metropolitan area and will serve as a prototype for future HIDTA's which will focus on distribution areas and target funds for the treatment of chronic hard-core drug abusers in the criminal justice system.

Finally, Mr. Chairman, the administration strongly supports reauthorization of ONDCP and has proposed legislation to accomplish this. A recent GAO report on the reauthorization of the agency noted the continued need for a central agency to provide leadership and coordination for the Nation's drug control efforts. Separate reauthorization legislation has passed both the House and the Senate, and we urge both Houses to conclude an agreement on this legislation as soon as possible.

One final note. In the end, this is not a challenge for the Government alone. We can change our laws and increase the amount of resources we spend to reduce drug use, but still we will have to do more. Individuals must take personal responsibility for their own actions. Families must take responsibility for their children. Communities must challenge their citizens to stand up for common decency and refuse to accept the unacceptable.

Mr. Chairman, this completes my prepared statement. I will be pleased to be responsive to any questions you may have.

[The prepared statement of Mr. Brown follows:]

PREPARED STATEMENT OF HON. LEE P. BROWN, DIRECTOR, OFFICE OF NATIONAL
DRUG CONTROL POLICY

Good morning, Chairman Biden and members of the Senate Judiciary Committee. It is my pleasure to appear before you today to discuss the 1994 National Drug Control Strategy.

Yesterday, the President released the National Drug Control Strategy as mandated by the Narcotics Leadership Act of 1988. This strategy is a bold plan to redirect and reinvigorate this Nation's efforts against drug use and drug trafficking. It builds on the foundation laid down in the September, 1993 Interim National Drug Control Strategy, which challenged America to change the way it viewed the drug problem.

- It recognizes that chronic hard-core drug use and the violence that surrounds it are at the heart of the Nation's current drug crisis;
- It emphasizes the need to empower local communities with an integrated plan of education, prevention, treatment and law enforcement; and
- It changes the way the United States carries out international drug control policy and refocuses interdiction's efforts away from the transit zones to working directly with the transit and source countries.

Previously, National Drug Control Strategies shied away from aggressively addressing chronic hard-core drug use. It is the most difficult aspect of the problem. But all too often it is the hard-core users and the traffickers who service them who are involved in violent crime. If we are to stem the tide, we must make more treatment available and mount the most effective possible drug abuse prevention and education programs.

We have delivered to the Congress and the American people a National Drug Control Strategy that tackles the toughest, most resistant drug problems. We do not underestimate the difficulty of the task. But if we are to make progress against drug use and drug trafficking, it will only be made by facing those problems head-on.

The National Drug Control Strategy estimates that there are approximately 2.7 million chronic hard-core drug users of cocaine and heroin in the U.S. and establishes as one of its targets the reduction of chronic drug use at an average annual rate of 5 percent.

Overall, the Strategy establishes, as an objective, the reduction of all illicit drug use by an average annual rate of 5 percent.

When we submitted the Interim National Drug Control Strategy to Congress in September, 1993, we said our new Strategy would reflect a sea change in the way we responded to America's drug problem.

We have delivered on that promise. As the President pointed out yesterday, we have developed a comprehensive strategy, one that not only significantly increases drug treatment capacity and support for prevention and education, but provides solid support for law enforcement and international narcotic control efforts.

But as the President has noted, drug use is more than a criminal justice problem, it is also a public health problem. Reducing drug use is more complex than simply funding programs to reduce the supply and demand for drugs. A comprehensive drug strategy must address the lack of educational opportunities, good jobs, quality health care, affordable housing, and safe neighborhoods.

THE FISCAL YEAR 1995 BUDGET AND NATIONAL DRUG CONTROL POLICY

To carry out the National Drug Control Strategy, the President is requesting a record \$13.2 billion to enhance programs dedicated to drug control and prevention efforts. This reflects an increase of \$1 billion, or 9 percent, over 1994 appropriations. Given the tight fiscal constraints within which the overall President's budget was developed, the 1995 request clearly expresses the Administration's commitment to alleviating the problems associated with drugs, crime, and violence. I should note that as a result of the President's decision to make the Director of ONDCP a member of the Cabinet, I sat with the President when he reviewed the budget submissions of the Executive Departments with drug control responsibilities. The budget before the Congress is a direct result of that process and of the President's determination to make drug control a priority within the Cabinet and of the Administration.

Four new initiatives are included in the fiscal year 1995 budget to carry out the National Drug Control Strategy:

Reducing Chronic Hard-Core Use Through Treatment.—The request of \$355 million in addition to those funds currently available in the Substance Abuse Block Grant, plus resources forthcoming from the crime bill, will increase the number of chronic hard-core users in treatment both within and outside of the criminal justice system by 140,000 per year. We propose that these funds will go to those most in need and hardest to reach. No serious drug abuse policy can succeed without reaching those who are overburdening our criminal justice system, costliest to our health care system, and overwhelming our social service system. In addition, the President's Health Security Act guarantees drug abuse treatment services to all Americans.

Protecting Children Through Education and Prevention.—The Strategy proposes an increase of \$191 million for the Safe Schools Program and the Drug-Free Schools and Communities State Grant Program to inoculate our youth against the dangers of drug use. The Strategy will help to achieve America 2000 Goal 6 of the National Education Goals, that every school will be free of drugs and violence by the year 2000.

As the recent data for the Monitoring the Future survey showed, our Nation's hard-fought effort to shield America's youth from the dangers of drug abuse must be reinvigorated. We cannot let past successes lull us into complacency. I will not stand by and allow a new generation of our youth to get caught in a cycle of illicit drug use and dependency. Accordingly, in addition to the increase in education and prevention resources, I will soon be convening a meeting of national experts in the field of prevention and drug education, and I will ask for their recommendations on how we can prevent a new cycle of youth drug abuse.

Empowering Communities.—The National Strategy underscores the importance of the Federal Government in coming to the assistance of those communities hit hardest by drug abuse and drug trafficking. Accordingly, \$1 billion is allocated for community programs, including \$568 million for community policing; \$50 million for community empowerment; \$115 million for Community Partnerships; and \$98 million for the High Intensity Drug Trafficking Areas program.

The Strategy recognizes that the most effective means of preventing drug use and keeping drugs out of neighborhoods and schools is to mobilize all elements of the community through coalitions and partnerships. Therefore, the Strategy will double the number of such cooperative efforts by 1996. It will also work to ensure that all nine of the President's Empowerment Zones and 95 Enterprise Communities are implemented, and that they address drug use and trafficking in their community-based empowerment plans over the next two years.

Focusing on Source Countries.—The Strategy recognizes that effective international narcotics control will result from successful institution building in drug source and transit nations. As a result, the budget proposes \$76 million in new funds for source country programs to support the controlled shift of resources from the transit zones to the source countries. These new funds will enhance support for conducting law enforcement activities, building judicial institutions and creating an economic and social environment that support alternatives to drug cultivation and trafficking.

Experience has shown that cocaine cartels and other drug trafficking organizations are vulnerable to sustained enforcement efforts by committed governments. Members of such organizations fear loss of profits and fear arrest when they know it will lead to conviction followed by significant punishments and seizure of assets. With the improvement in the U.S. capability to collect intelligence and build cases against major traffickers, the international program has the potential to continue to increase in effectiveness. Cooperation with other nations that share our political will to defeat the international drug syndicates is at the heart of the international strategy. Its primary goals are to increase multilateral and other organizations' response to the drug threat; and to aggressively increase illicit crop eradication to stop fast-developing opium, and to reduce coca cultivation by 1996.

Making the Streets Safe.—The Strategy recognizes that demand reduction programs—drug treatment, prevention and education—face an uphill battle when drugs are readily available. Similarly, it recognizes that drug law enforcement programs will not succeed if the nation's appetite for illegal drugs is not curbed. Both must work in partnership.

To make streets safe, the Strategy advocates passage of the crime bill provisions to put more police on the streets; expand community policing; expand treatment for incarcerated chronic hard-core drug users; increase the number and use of boot camps for non-violent offenders; provide for drug courts to offer counseling, treatment and drug testing for non-violent offenders; and control the proliferation of guns, especially assault weapons, in our neighborhoods.

Beyond the crime bill, the Strategy commits the full force of Federal investigative and prosecutive capabilities to target major drug trafficking organizations in order that they may be disrupted, dismantled, and destroyed. The Administration will work toward making drugs harder to obtain and more costly in terms of apprehension, prosecution, conviction and forfeiture.

OTHER STRATEGY HIGHLIGHTS

The 1994 National Drug Control Strategy changes the manner in which ONDCP evaluates progress in reducing drug use. The law creating ONDCP requires that the Director of ONDCP establish comprehensive long-range goals for reducing drug abuse and short-term measurable objectives which the Director of ONDCP determines may be realistically achieved in the two-year period from the date of submission of the Strategy.

The 1994 Strategy includes 14 long-term goals, each containing specific two-year objectives. Table 1 lists each of these goals. Goal 1 is the Strategy's overarching goal: reducing illicit drug use. The remaining goals pertain specifically to supply re-

duction and demand reduction programs. I want to highlight some of the objectives we have established for these goals:

- Reduce the drug user population at an average annual rate of 5 percent.
- Increase the number of hard-core users in treatment by 140,000 per year.
- Reverse the recent increase in drug use by students.
- Put 100,000 more cops on the streets over the next five years.
- Enact the first-ever guarantee of basic drug use treatment services as part of the President's Health Security Act.
- Reduce coca cultivation by 1996.
- Stop the fast-developing opium cultivation in Colombia, Guatemala, and Mexico and by preventing production from spreading to other countries.

How do these goals and objectives compare to past strategies? Why did we change these goals? How will we measure progress?

First, let me say that past goals are continued in the 1994 Strategy—they were not dropped. Second, we have expanded the previous goals to reflect the greater emphasis on the problems of hard-core use. And third, given recent criticism by GAO and others about the problem of existing surveys to measure progress in reducing drug use, we are developing a new survey of hard-core drug users to give us a better measurement tool for tracking progress in reducing the number of users in this critical population.

Now I want to discuss in more detail the linkage between goals in the 1994 Strategy and past Strategies. Past strategies established goals that mostly emphasized the reduction of drug use by casual drug users and goals related to reducing availability. With respect to casual use, these goals included: (1) reducing current (30-day) overall drug use, (2) reducing current adolescent drug use, (3) reducing occasional cocaine use, (4) reducing current adolescent cocaine use, (5) reducing current adolescent alcohol use, and (6) increasing the percentage of students who disapprove of drug use. The 1994 Strategy will continue to track these measures as part of Goal 1: Reduce the number of drug users in America.

Past Strategies included a goal to reduce the health consequences of drug use measured by drug-related hospital emergencies. This measure will be used in the 1994 Strategy against Goal 3: Reduce the burden on the health care system.

And finally, previous strategies included goals pertaining to illicit drug availability. Because of data limitations, measures of perceived availability were used to track progress in achieving the goal of reducing illicit drug availability. The 1994 Strategy will continue to rely on such measures but—given the emphasis on source country supply reduction efforts in the 1994 Strategy—more attention will be paid to measures focusing on cultivation of coca and poppy.

ONDCP PROGRAMS

The ONDCP fiscal year 1995 budget reflects a recognition of the increasing concentration of drug problems in hard-core drug using populations. Consistent with the 1994 National Drug Control Strategy, and this Administration's emphasis on treatment and prevention, \$45 million is requested for transfer to the Substance Abuse and Mental Health Service Administration (SAMHSA) to provide treatment services for chronic hard-core drug users.

The High Intensity Drug Trafficking Areas (HIDTA) program has developed into a very effective partnership between Federal, State, and local law enforcement agencies. It is a unique program that empowers national and local law enforcement officials to take a united regional approach to dismantling the most serious drug trafficking organizations. In addition, the program had effectively combined a multitude of existing smaller task forces at the state and local levels in order to coordinate and concentrate their efforts. The HIDTA budget request allows for continued funding in fiscal year 1995 of the five original "gateway" HIDTA's (New York, Miami, Houston, the Southwest Border, and Los Angeles), as well as a newly designated HIDTA to increase the focus, coordination, and effectiveness of Federal, State and local efforts against drug distribution networks.

This new HIDTA will serve the Washington-Baltimore metropolitan area and will serve as a prototype for future HIDTA's which will focus on distribution areas, and target funds for the treatment of chronic hard-core drug abusers in the criminal justice system.

The President is also requesting \$10 million and 40 full-time equivalent positions for the Office of National Drug Control Policy. This level of funding is consistent with the President's commitment to a more efficient executive branch, while providing coordination and oversight to the nation's overall drug control effort. The proposed funding level will enable the ONDCP to continue advising the President on national and international policies and strategies, and help ensure the effective co-

ordination of drug programs within approximately 50 Federal Agencies and 12 Departments.

ONDCP REAUTHORIZATION

The Administration strongly supports reauthorization of ONDCP and has proposed legislation to accomplish this. A recent GAO report on the reauthorization of the agency noted the continued need for a central agency to provide leadership and coordination for the Nation's drug control efforts. Separate reauthorization legislation has passed both the House and Senate. I urge both Houses to conclude an agreement on this legislation as soon as possible.

CONCLUSION

One final note: in the end, this is not a challenge for the Government alone. We can change our laws and increase the amount of resources we spend to reduce drug use, but still we will have to do more. Individuals must take personal responsibility for their own actions. Families must take responsibility for their children. Communities must challenge their citizens to stand up for common decency and refuse to accept the unacceptable. Society must nurture the values that best represent our character as a nation: work, family, community, opportunity, and responsibility.

This completes my prepared statement. I would be pleased to answer any questions you may have.

The CHAIRMAN. Thank you very much, Director.

I should say to my colleagues I have been informed by staff that beginning at 3:15 there will be a series of votes, at least six in a row, which is enough to ruin any hearing. So I will not take all of the time that I would take, since I have had a chance to speak to you and will have——

Senator GRASSLEY. Is it your intent that we will not meet after 3:15?

The CHAIRMAN. Well, I think we should try to figure out how we are going to do that between now and then. I want to give everybody a chance to be able to ask at least a couple of questions between now and 3:15 in case we find that we can't reasonably get back, because I don't know the Director's schedule either. It will take at least, for those six votes, an hour, and I am told that the Leader is on the warpath and wants to get more votes done in a row. So I am not sure. We will just have to play it as we go, so I would like to set the clock to 5 minutes on the first round here.

Let me get right to the thing that you are going to hear most about, I suspect, Director.

I have been arguing for some time that the focus should be on hard-core users. Not because I have been arguing that, but you have concluded that that is where the focus should be. The most cogent criticism of this position tends to be that treatment doesn't work, or it doesn't work very well: you don't get very much bang for the buck.

I want to ask you two questions. First, why the focus on hard-core users? Is it that they consume the most and commit the most crimes, or what is the reason for that shift?

Mr. BROWN. Mr. Chairman, as you know, I have been involved in law enforcement now over 30 years. I started out as a street cop walking the beat. My first assignment was an undercover narcotics officer. I have headed police departments throughout this country as sheriff in Oregon, head of the policy agency in Atlanta, chief in Houston and finally in New York City. I say that because I have seen over the years a change in what is going on in this country as far as drugs, violence, and crime is concerned.

In New York City, we were able to arrest up to 100,000 people every year for drug offenses. Yet, we did not see the drug use go down or the crime rate go down. As a result of that, I think most police chiefs, and certainly most mayors who deal with this on a daily basis, have come to a realization what we have been doing is not getting the job done, and therefore we must chart a new course.

We feel that new course must be addressed toward that segment of the drug-using population that, on the one hand, consumes most of the drugs. The hard-core drug use that we had in the first chart I showed up there in yellow clearly points out that since 1972 when we started out, there was an equal amount of drug use between the casual and the hard-core user. We go into the 1980's and we find both increase, but in the mid-1980's we find that casual drug use goes down. That is not the case with the hard-core drug users; rather, it is up.

That is the drug-using population that consumes up to three-quarters of the cocaine that comes into this country. That is the population that commits a disproportionate amount of the crime.

The CHAIRMAN. I think that is an important point to make, if I may suggest, that the studies vary depending on the type of hard-core users profiled. Usually hard-core users have no trouble moving from opiates to cocaine, and back and forth, but according to Dr. Charles O'Brien, who heads a research program on pharmacological and medical solutions, these folks commit, very conservatively, 70 felonies a year, some as many as 150 felonies a year, hard-core users, because their fathers don't own banks; they need money.

So if we were able to identify them, like the Senator and I are trying to do in our crime bill, which is to get the predators out there—if we treated that 6, 8, 10 percent of the population committing most of the crimes, it is a useful bang for the buck. I assume the same rationale applies to hard-core users as it relates to the commission of crimes as well.

Mr. BROWN. That is absolutely correct. They commit a disproportionate amount of the crime and violence that is of concern to all Americans.

The CHAIRMAN. My next question is not only why focus on the hard-core user—and you have just indicated because, A, they consume most; B, their numbers are going up percentagewise and in absolute numbers; and, C, they commit a disproportionate number of the violent crimes out there—but focus on them with what? You are saying focus on treatment in this crime bill, in prison and out of prison, but get them into treatment, either treatment in prison or treatment out of prison.

Now, what constitutes success for treatment? What you will hear is the following. You will hear, well, wait a minute, if, after 1 year of treatment, only half of the people in treatment are nonusers, or only 60 percent or 40 percent or 20 percent, then isn't this program a failure? How do you respond to the fact that treatment programs do not work for a sizable percentage of hard-core users in their first time out and they do relapse?

Mr. BROWN. We have to view substance abuse addiction, drug addiction, as a chronic, relapsing disease, and that means that the

first time may not end the addiction habit that they may have. If we use an analogy, there are people who will have cancer. They may be treated for cancer and it may move to another part of their body. That does not mean that the treatment did not work.

What we have to do is make sure we look at treatment in the totality of that individual and provide constant treatment, aftercare, to address the problem. We know, for example, that the longer a person is in treatment, the better the results, and certainly the less crimes they will be committing.

The CHAIRMAN. Well, I would ask unanimous consent to be able to place in the record at this time "Understanding Drug Treatment," issued by the Office of National Drug Control Policy, the white paper, June 1990—translated, Dr. Bennett's report to this committee—page 22, the graphs on page 23, and page 24 and half of page 25.

[The document referred to follows:]

[Excerpt from the ONDCP White Paper, June 1990]

UNDERSTANDING DRUG TREATMENT

DOES TREATMENT WORK?

Defining success

It would seem obvious that if, upon completion of a program, a patient no longer uses drugs, then treatment could be declared successful. But as has just been described, success often comes only after a relapse into drug use and further treatment, which complicates attempts to measure the efficacy of any single treatment program. And although it is interesting to examine whether formerly criminal addicts are engaged in criminal activity after treatment (they often aren't), or whether formerly unemployed addicts are gainfully employed (they often are), these questions are important but not central to the determination of treatment success. Drug treatment may be deemed successful when, three to five years after treatment, a former addict is no longer using drugs.

Yet, the ultimate goal of treatment should not obscure the fact that partial success can be found when former heavy drug users reduce their consumption of illegal drugs, decrease their involvement in criminal activity, and generally impose a smaller burden on society. They may still use drugs on occasion, but the damage they inflict on society has been minimized, and that can only be viewed as a benefit.

For whom does treatment work?

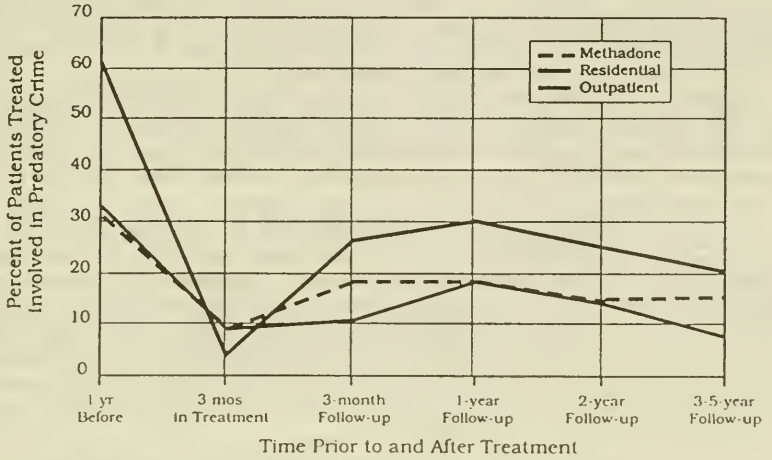
The TOPS study (which examined publicly funded treatment) and a number of independent studies of private treatment done in the 1980's, when taken together, suggest that, all things being equal, about half of the people who go through treatment are drug-free or have dramatically reduced their use of drugs three to five years afterwards. But all things are not equal. Some treatment programs are better managed than others. Some addicts have strong friendships and family ties while others do not. Some have the education and background that allow them to reintegrate themselves into society more easily.

Those addicts who have something to lose if they don't get off drugs—a job, a family, a house—do much better than those who have nothing to lose. Some of the people who fail might seek treatment again, and eventually succeed in kicking their drug habit. And the uncomfortable truth every program can attest to is that some—maybe as many as one out of four drug addicts, many of them career criminals—will not choose to live without drugs despite numerous rounds of even the best treatment available. These failures are too often cited as "evidence" that treatment can't work. Rather, they are grim reminders that for some people, drugs have so penetrated their lives that no form of treatment can protect them from themselves or protect others from them.

Making treatment work better

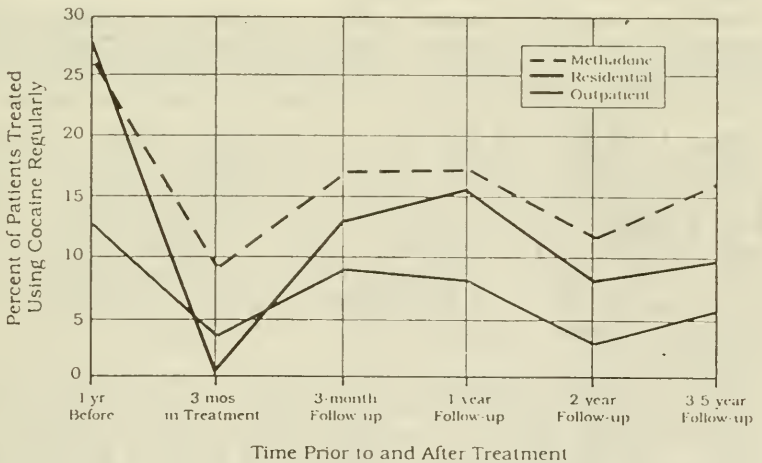
Treatment, especially of cocaine and crack addiction, is still a relatively new science. There is much more that we can and must learn in order to do a better job of treating addicts. Research is currently underway which should yield impor-

Prevalence of Predatory Crime Before and After Treatment (Clients treated three months or longer)



Source: Drug Abuse Treatment, University of North Carolina Press, 1989

Prevalence of Regular Cocaine Use Before and After Treatment (Clients treated three months or longer)



Source: Drug Abuse Treatment, University of North Carolina Press, 1989

tant developments that will improve treatment success. For instance, we do not currently have reliable data to tell us how many addicts there are who need treatment or who is in what sort of treatment and what kind of success they are having. Increased efforts to gather such data are underway, although it will be a few years until we have answers to these questions.

A great deal of research is being done to develop medications to aid in the treatment of cocaine and crack addiction. There is good reason to believe that by the end of the decade medications will be available that can reduce an addict's craving for cocaine. Other medications may be able to prevent addicts from deriving any effect from cocaine. And still others may help in the treatment of those who have become addicted to both heroin and cocaine. Pharmacological agents like these will enable more addicts to undergo treatment successfully.

Researchers such as Alan Marlatt at the University of Washington and Charles O'Brien at the University of Pennsylvania are conducting studies to develop ways to teach addicts how better to avoid relapse after leaving treatment. The premise of this research is that if addicts can catch the warning signs and rationalizations attendant to relapse, they also can learn to buttress themselves against the temptation to use drugs.

All of these research efforts and others like them are crucial to the future success of treatment. Nevertheless, there are a number of ways we already know are certain to make treatment work better. One is family involvement. When family members become involved in the treatment, the chances for success are significantly greater. Another is making sure appropriate treatment programs have the resources or the ability to tie in with existing community agencies to provide recovering addicts with vocational and educational services necessary to compete for jobs in today's job market. And the single best way to make treatment more successful is to get people to stay in appropriate treatment longer. Every treatment program better serves its patients when it establishes both formal and informal rewards and sanctions that induce them to complete the program.

The CHAIRMAN. With the permission of my colleagues, I would just like to read one paragraph of that report. It says,

It would seem obvious that if, upon completion of a program, a patient no longer uses drugs, then treatment could be declared successful. But as has just been described, success often comes only after a relapse into drug use and further treatment, which complicates attempts to measure the efficacy of any single treatment program.

Skippping to the next paragraph,

Yet, the ultimate goal of treatment should not obscure the fact that partial success can be found when former heavy drug users reduce their consumption of illegal drugs, decrease their involvement in criminal activity, and generally impose a smaller burden on society. They may still use drugs on occasion, but the damage they inflict on society has been minimized and can only be viewed as a benefit.

Then I am going to cite one of the graphs. It says, "Prevalence of Predatory Crime Before and After Treatment." Over 6 out of 10 of the people who committed predatory crimes who were in a treatment program—after 3 months of treatment, that number of predatory criminals in the treatment program dropped to almost zero. After 1 year followup treatment ended, there was still a decrease by 50 percent; 30 out of 100 of those in treatment were committing predatory crimes instead of 60 out of 100 who entered the treatment program.

After a 5-year followup—and this is for methadone, residential and outpatient, all three treatment regimes, and they give three different graphs. After a 3- to 5-year followup, you have somewhere between 20 and, depending on the drug and the treatment program, 8 out of 100 people who entered treatment still committing predatory crimes.

So I ask the rhetorical question, how many police officers would it take to reduce the crime rate among hard-core drug users by the percentage that treatment reflects, even though by our normal as-

assessment of are they free and clear of any drug use, the answer is no, but you reduce that significantly. That is why I think treatment works, and I think we have to educate the public to define what we mean by treatment and what our goal is, what we consider success in treatment.

Senator HATCH?

Senator HATCH. Well, personally, I am not finding fault with treating anybody we can, but we do have limited resources and we ought to be using those resources to get the best care out to the widest group of people. I am suggesting that we don't have enough money even to bring casual users off drugs. So with the recidivist problems that we have with hard-core drug users, I am suggesting that we should start with the casual users, and to the extent that we are able to also do something for the hard-core users, how can I complain about that? I would like to help everybody if we can. It is just a matter of focusing our limited resources.

I am concerned, as I mentioned in my opening remarks, that the President's budget really does not match the rhetoric of his drug strategy. The strategy suggests aggressively pursuing international and interstate drug enterprises, and endorses the task-force approach to rid communities of drugs and violence. Specifically, the strategy cites the work of the organized crime and drug enforcement task forces which bring senior Federal agents and prosecutors together with State and local authorities.

Now, I share your enthusiasm for Federal law enforcement initiatives and I want to help you to secure the appropriate level of funding for these efforts. Unfortunately, our enthusiasm is not expressed in the Clinton budget that just came up here this week. In fact, as this chart before us illustrates, the President's budget cuts over 1,500 Department of Justice law enforcement agency positions.

Now, according to the Justice Department budget summary, the FBI loses 847 positions, the Drug Enforcement Administration loses 355, the Criminal Division loses 28, the organized crime and drug enforcement task forces lose 150, and Federal prosecutors lose 143 positions, as shown up there on that particular chart.

Now, some will assert that these numbers do not necessarily translate into fewer agents; that is, that agencies will move moneys around to maintain agency strength. But, in my view, that is misleading because although agents continue to retire or leave, not a single new agent has been hired by either the FBI or the DEA since the Bush administration left office, and none will be hired until at least 1996 under the present plans.

Furthermore, when an agent has to spend time filling out forms or typing documents once processed by support staff, he or she is not as effective at law enforcement. That just stands to reason. However one chooses to cut personnel, no one can claim that 1,523 law enforcement positions are insignificant in number.

Now, Director Brown, do you believe these cuts are appropriate, and if not, will you support efforts to increase funding for these agencies to ensure, at a minimum, at least their current strength?

Mr. BROWN. I do not have with me the total budgets of those agencies. I am dealing only with the drug enforcement—

Senator HATCH. Well, I think these figures are accurate here.

Mr. BROWN [continuing]. The drug enforcement component of it. Let me just address the DEA component. The President's budget will call for a modest reduction in DEA FTE's, less than 100. That is something that is going on throughout Government where there is a move on, supported by the administration and Congress, to cut back on the number of Federal employees. That is applicable to all departments.

DEA has indicated that in order to absorb that number, they will be conducting a comprehensive review of all the agency's activities in order to identify in headquarters staff, support staff, a way to comply with the reduction without impacting their operations. They will continue to place a great emphasis on their kingpin strategy, getting at the organizations.

I might also point out, Senator, that when we look at the drug strategy, we look at it also in the context of the crime bill pending before Congress. In the crime bill passed by Congress, the funds that will go to State and local government will increase by some 300 percent to help address the issue of drugs and crime and violence.

So, without all the information about the FBI and the U.S. attorneys and the Criminal Division, I am not able to give you a response.

Senator HATCH. I understand. I am taking that right out of the Department of Justice 1995 President's budget, their actual document where it shows that these figures are accurate. I am just concerned about it because it looks like we are retrogressing rather than progressing because you cannot do the job without the appropriate personnel and, as I see it, the number of law enforcement personnel is going down rapidly.

Let me just say that your strategy estimates that as many as 2.5 million persons could benefit from treatment, and 1.1 million do not receive treatment because of inadequate treatment capacity. Could you tell us how you arrived at that estimate and what you mean by "could benefit from treatment"? Do you mean be clean and sober for life, for 5 years, for 1 year, or what do you mean by "could benefit"?

Mr. BROWN. Those are figures that are put out by the Department of Health and Human Services. They have looked at the drug-using population that would be addicted to drugs, subtracted the number that are now in a drug treatment program, and thus we come up with a shortfall of 1.1 million who could benefit from treatment.

What we are proposing—that is, the combination between the President's request and the crime control bill—is closing that gap. We also see the health reform package as being an integral part of our ability to provide treatment, as you know, within the health reform package put forth by the President there will be a provision whereby people can receive substance abuse treatment as part of the health care system. When passed by Congress, that will go a long way toward bridging the gap between those who need treatment and the ability to deliver it because it will make drug treatment available to every American.

Senator HATCH. My time is up, Mr. Chairman.

The CHAIRMAN. Senator DeConcini?

OPENING STATEMENT OF SENATOR DeCONCINI

Senator DECONCINI. Thank you, Mr. Chairman. I have a statement for the opening that I will put in the record.

[The prepared statement of Senator DeConcini follows:]

PREPARED STATEMENT OF SENATOR DECONCINI

Dr. Brown, it is a pleasure to see you this morning.

First, I would like to commend you on putting together your first national strategy. Your office is tasked with a tremendous responsibility, the national strategy being just one, but an important one.

I was happy to see that you have included a significant increase for drug treatment programs. Although I have continually voiced my concern over increases in treatment and education at the expense of enforcement, I have said repeatedly that we need a more balanced approach. However, I do not believe that arbitrarily dismantling programs to fit a budget request is the way to go about planning a national strategy.

I'd like to begin by addressing two budget cuts which are extremely troubling to me. If I don't get to all of my questions today, Dr. Brown, you will have another opportunity on February 23 when you come before the Appropriations Committee.

Senator DECONCINI. Dr. Brown, thank you. In addition to what the Senator from Utah points out on these reductions, just in the Customs area alone there are going to be over 200 FTE's lost in the enforcement area, the air program and the decrease in the marine program. I know if you had not intervened, Dr. Brown, the air interdiction program would have been substantially reduced by another 100-and-some FTE's.

I am concerned about the President's budget. It includes a reduction of \$41 million in air and marine O&M, \$16 million from the S&E account, and I don't know how a one-third reduction on the entire program won't affect the ability to maintain our capacity to do a good job. I am just told here the FTE's in ATF that deal with drugs, Alcohol, Tobacco and Firearms is a reduction of 20 FTE's, and Secret Service that also has some involvement in that area is another 71 FTE's.

As I understand from discussions I have had with Treasury and Customs, the reduction proposed came from OMB, and as I mentioned previously, you deserve credit for objecting to that, but it was not based on any definitive study or evaluation of the programs with specific recommendations for changes. Instead, it was just driven by getting to OMB numbers. Am I correct in that observation?

Mr. BROWN. OMB did do an analysis of the use of the air fleet and the boat fleet in terms of attempting to make some determination about its effectiveness in carrying out the objective of the President's drug control strategy. There is a cutback in the air and marine program. We have talked at length with the Customs Service, and it is our belief that we will continue to be able to provide what is necessary in light of the President's directive that we move from the transit zones into the source countries.

I might also point out that the resources that they have are not being destroyed by any means, but we understand that the drug trafficking organizations may very well change their strategy based on what we do. So if there is a need, we will be able to bring those resources back into operation to take care of the problem.

Senator DECONCINI. So I gather that the strategy is moving toward the source countries and less toward the transit zones—if the

problem shifted to the transit zones, your strategy doesn't exclude immediately some alterations. Is that fair?

Mr. BROWN. That is correct. In fact, as of today I have appointed an interdiction coordinator, as authorized by the President in his international program. It will be the responsibility of the interdiction coordinator to monitor what goes on and he has the authority, reporting to me, to direct the assets of the Federal Government to be responsive to the problem and the threat as we see it, so we will maintain flexibility.

Senator DECONCINI. Dr. Brown, going back to the program and air and marine reductions, your strategy shows \$31 million, and I think from the budget, looking at it very carefully, it is really \$57 million. Your strategy states that this reduction will have no impact on the operation of the P-3 air surveillance program. However, if you look at the Customs budget, you see immediately a \$3.3 million reduction in the flight hours for the P-3, reducing it by 875 hours. I believe that is accurate, and there is another reduction of over \$2 million in staffing reductions at the Corpus Christi surveillance center.

At a time when there is support in the source country, in South Com—you have taken the time to go down there, and my compliments for that—for the P-3 program in South America, why is a cut being proposed for this program and why doesn't your strategy recognize it?

Mr. BROWN. There will be no reduction in the aircraft. There will be some reduction in the time that the aircraft will be used.

Senator DECONCINI. And do you think our strategy and commitment can be made with that kind of reduction on air hours, 875 less hours?

Mr. BROWN. Again, we will make sure that there is flexibility. If we find that there is a threat that would suggest we should change, we will make that change.

Senator DECONCINI. Have you certified, then, that the Customs budget would not have an adverse impact on drug control programs in this country?

Mr. BROWN. I have certified that the Customs budget is adequate to carry out the strategy.

Senator DECONCINI. I hope you are right, I hope you are right.

Mr. BROWN. Again, we will maintain that flexibility and if there are problems, we will move accordingly.

Senator DECONCINI. Dr. Brown, in your strategy goals which I read—I find some contradiction, and I don't say this as critically as it may sound, but maybe you can explain them. Let me just give you a couple of "for instances." Goal No. 11 states, in part, "improve efficiency of Federal law enforcement capabilities, including interdiction and intelligence programs." In past years, the word "efficiency" has really come to mean reductions in the program.

Then Goal No. 14 states, "support, implement and lead more successful enforcement efforts to increase the cost and risk to narcotics producers and traffickers to reduce the supply of illicit drugs to the United States." How do you do both of these, increase the efficiency, and also go more after the producers and the traffickers? How do you cut Federal law enforcement and achieve that? That is really the question.

Mr. BROWN. There are a number of initiatives underway right now to deal with the efficiency of Federal law enforcement efforts. The Attorney General, for example, has appointed the FBI as being the agency to coordinate the law enforcement efforts within the Department of Justice. The Attorney General and the Secretary of the Treasury are working together. The strategy tasks the two departments to develop a coordinated Federal law enforcement response.

By the same token, we make the controlled shift from the transit zone to the source countries in order to address the drug problem at the source. Our effort is to dismantle the organizations with our kingpin strategy. Our effort is to try to stop the drugs before they leave the source countries, and so, as we see it, the two efforts coordinate each other.

If we can improve the efficiency of our Federal law enforcement capabilities through interdiction and intelligence and, if on the other hand, in Goal 4 we can support, as we call for, more successful efforts in the source countries to deal with the growth, production and trafficking of drugs, then we think collectively we can make a difference. So we don't see them as being conflicting.

Senator DECONCINI. I will submit the balance of these questions, Dr. Brown, because of the time limitations. One of them deals with legislation the chairman is working on. He has taken the lead in creating this office some years ago and his original legislation, in my judgment, really made the office a czar, and that isn't what we got, because of opposition by the administration at the time. I will submit some questions on suggestions of what you might think would be a proper expansion of that office, as well as some questions on the Edward Byrne memorial formula grant that is being replaced under the crime bill by a discretionary grant program.

My State of Arizona has had tremendous success from this Byrne Memorial Fund grant program because every State gets something out of it. I would like some explanation of why the Byrne was eliminated. I will submit the balance of those questions, Dr. Brown.

Mr. BROWN. We will be delighted to respond to your questions.

Senator DECONCINI. Thank you, Mr. Chairman.

[Questions and answers, subsequently submitted for the record, may be found in the question-and-answer section at the end of the hearing.]

The CHAIRMAN. I might say, Senator, I expect that you may very well see the Byrne grants make a resurgent effort.

Senator DECONCINI. I certainly hope so, Mr. Chairman, and I take that as a very, very positive sign.

The CHAIRMAN. Well, I don't know whether the administration will take it as a positive sign.

Senator Thurmond?

Senator THURMOND. Thank you, Mr. Chairman. Mr. Brown, we are glad to have you with us.

Mr. BROWN. Thank you.

Senator THURMOND. Are drug treatment programs successful if the addict or drug user does not wish to participate in the program? What information is available about the number of addicts, especially the chronic hard-core users that you plan to target, who wish to be in the treatment programs?

Mr. BROWN. The strategy, along with the crime control bill, will be targeting 140,000 hard-core drug users both in and out of the criminal justice system.

Senator THURMOND. Mr. Brown, your written testimony refers to adding funds for treatment of chronic hard-core users and states that "Funds will go to those most in need and hardest to reach." Are you purporting to give any funds directly to addicts or drug users? I and other members are very concerned about Social Security disability programs that give funds directly to drug users which are often used to support their drug habits.

Mr. BROWN. Our strategy does not propose to change the supplement security income program. Therefore, we are not giving any funds to drug users. Our funds will go for prevention, education, treatment, enforcement, interdiction, and international programs, not to individuals.

Senator THURMOND. Mr. Brown, why does the policy target the hardest to reach first? Why does the policy not start with the easiest to reach and work up to the hardest to reach? Since there are only limited funds available for this program, does this choice mean that fewer people will be treated?

Mr. BROWN. We are going to continue our ongoing efforts in reducing first-time drug users, those who are the occasional drug users, and also the chronic hard-core drug users. We don't see it as either/or. We have to address all angles at the same time, so we will continue our efforts to reduce the casual drug user as well. In fact, some programs in the crime control bill—the boot camps, the drug courts—are all designed to get at the less than hard-core drug user.

Senator THURMOND. Mr. Brown, you emphasize the need to work with the foreign countries where illegal drugs are produced in order to stop the supply of drugs. What information do you have on the willingness of each source country to work with the United States in fighting drugs?

Mr. BROWN. I took it upon myself to visit Latin America the latter part of last year to see firsthand the three countries we are concerned about. Colombia has demonstrated the will to address the problem, evidenced by the fact that they have lost many lives of their judicial people and their police officers. They spend \$10 of their own dollars for each \$1 we spend. They were able to, with the technical assistance training we gave, dismantle the Medellin cartel.

I went to Bolivia and looked at what they are doing there, and they probably would find themselves further ahead than others in terms of a long-term plan to address the problem, and certainly they welcome our assistance. Peru is the same thing. Even though we provide less support to Peru right now, they have continued on their counternarcotics efforts. So we look at them country by country, but yet having a regional approach. It varies from one country to another, but we see the necessity of continuing our efforts to be of support to the countries in dealing with the problem.

Senator THURMOND. Mr. Brown, what do you propose when the source country is not willing to work wholeheartedly with the United States in fighting drugs?

Mr. BROWN. We think, and the President has stated over and over again, that the countries must demonstrate the political will to address the problem. For those who do not want to work with us, then we have to deal with them accordingly. We think it is very important for them to ultimately be able to take over the counternarcotics themselves. At this point, many of them, particularly the developing countries, need the support in order to achieve that objective. We have had success. For example, Mexico, for all practical purposes, has already taken over the counternarcotics efforts for that country.

Senator THURMOND. Mr. Brown, what lessons have been learned from past efforts to get source countries to eliminate the production of drugs, and do you have reason to believe that the current plan to work with source countries will be more successful than past efforts?

Mr. BROWN. I am optimistic based upon my meetings with the presidents of the source countries and their commitment to do what is necessary to address the problem. We find in Colombia right now the opium poppy is being eradicated. We find in places like Peru and Bolivia that we do see alternative crops being substituted for the growth of the coca leaf.

We have made a big investment in the countries; we have seen progress. We have to look at this as a long-term investment because we won't be able to turn that around overnight, but I am optimistic we will continue to make progress.

Senator THURMOND. Mr. Brown, you stated in your written testimony that drug courts should be used to offer counseling and treatment to nonviolent offenders. Does the administration propose that counseling and treatment take the place of incarceration?

Mr. BROWN. No, sir. The drug court concept, and I have had a chance to visit drug courts, uses the coercive power of the court and the criminal justice system to force nonviolent drug offenders into treatment and keep them there until they complete the treatment program. If they choose not to comply with the orders of the court, then they go to jail.

Senator THURMOND. Mr. Brown, what is your position on mandatory minimum sentences for drug offenses?

Mr. BROWN. That is an issue that the administration is currently looking at for the reason that we feel that every person who commits a crime and is convicted should be punished. We feel that our prison space must be available for the hardened, mean, vicious criminals, and that means that we can look at alternatives, such as the boot camp concept, to deal with the nonviolent offenders.

The reason we are examining it right now is because we find in the Federal system and in many States our prisons are overcrowded and there may be the need for some alternatives to incarceration for nonviolent offenders, such as a boot camp. That is the issue that we are looking at.

Senator THURMOND. Mr. Brown, do you think there should be any Federal study or analysis on the appropriateness of legalizing drugs?

Mr. BROWN. No, sir. Our position is very clear on that one. The President has stated over and over again, and he states it in his statement transmitting this to the Congress, that we will under no

circumstances support the concept of legalization, nor do we intend to spend 1 penny studying the issue.

Senator THURMOND. Thank you very much. I wish you well in your work.

Mr. BROWN. Thank you, Senator.

The CHAIRMAN. Senator Grassley?

OPENING STATEMENT OF SENATOR GRASSLEY

Senator GRASSLEY. Like the former chairman, I am interested in the proposed 7-percent cuts in interdiction funding. I feel it has been somewhat successful in its work. As a result of past and current interdictions, cocaine cartels have to produce 1,100 metric tons of cocaine to deliver 300 such tons to the United States. I think interdiction in the early 1990's forced up street prices by 50 percent. I think that resulted in declines in usage and in cocaine-related emergency room admissions and deaths.

Moreover, the strategy focuses on hard-core users. I think it would be ill-advised to cut back on interdiction because hard-core are more, not less, price-sensitive than the casual users. So, given this experience, why do you and the President believe that cutting back interdiction will not lead to lower cocaine prices on the street and more drug-related emergencies and more addicts in the end?

Mr. BROWN. The strategy we have put forth, Senator, is comprehensive, and when I say that I mean interdiction is and will always be a very important part of our efforts to deal with the drug problem in this country. When we talk about a controlled shift from the transit zones to the source countries, we think that is a smart-way of using our resources.

Interdiction has been successful. We interdict about a third of the cocaine that is produced. We interdict more than is consumed in America. That means that those who produce the cocaine have to double their efforts. They lose literally billions of dollars. I do not see interdiction as a failure, but the drug trafficking organizations have responded to our success in the transit zones, and therefore they are not using the transit zones as they have in the past.

Thus, it becomes important for us to change our strategy. Our strategy is such that we want to see if we can stop the drugs at the source. It is easier to stop the drugs there than when they leave the countries.

Senator GRASSLEY. So you are saying you are taking this 7-percent cut and shifting the funds to the source of production, as opposed to the product in transit?

Mr. BROWN. We are doing all of it. We are not going to abandon our borders, we are not going to abandon the transit zones. We are making what we call a controlled shift.

Senator GRASSLEY. But don't you think less money will hurt your efforts?

Mr. BROWN. We are going to monitor what we do. If we find that there is a problem, we will change our strategy. Flexibility has to be the key. I appointed today the Commandant of the Coast Guard to be my interdiction coordinator. It becomes his responsibility, on behalf of myself, representing the President, to look at what goes on and take all the assets, all the resources of the Federal Government and utilize them in the most cost-effective way possible.

Thus, if we see a change in strategy from the drug trafficking organizations, we will change our strategy in response to that.

Senator GRASSLEY. I want to go to a more basic aspect of the President's strategy. His message contained statements that the administration will encourage prevention "by sending the strong no-use message required to help kids keep from being tempted by drugs in the first place."

Nobody is going to argue with that strategy, but if this is the current strategy, I think it represents a very major change from the President and this administration's past statements on the subject. I can only remember Surgeon General Elders' statement that maybe drugs should be legalized, or at least we ought to study it. I think that is the most prominent statement I have heard on the no-use strategy from an administration official.

So I am asking you about this from your own position as chief in this area. Your own visibility on the subject of drugs has, I think, maybe been a little less than your predecessors. Maybe that is because you aren't as politically prone as they are. I don't know. But what will you personally want to do to make sure that the President's strategy of no-use receives a strong public message, because I think it is going to have to come from you?

Mr. BROWN. I have consistently, as has the President, been very strong in speaking out against drug use. Take the President, for example. He has talked about that no less than 85 times last year.

Senator GRASSLEY. Specifically talking about a no-use strategy?

Mr. BROWN. Talking about the drug issue. He talked about it in his State of the Union Message. I traveled with him to Memphis and he talked about it not one time, as reported, but twice in that one city. Yesterday, he talked about it in this releasing of this strategy that is now before the Congress.

One of the things that we have to do is to hopefully generate the support from the media. They are the ones who determine what to carry. I speak out on no-use in every talk I give and I speak out several times a week on the issue, not only here, but throughout this country.

What we have to do is let the American public know, and we call on our friends in the media to help us to do that, that we still have a very serious drug problem in America. We have to use all the resources at our disposal. We have, for example, in the past had about \$1 million worth of air time free to carry the drug message in this country. That is not the case anymore; it has reduced itself considerably. We have to generate that again.

We have to energize people at the local level, whether it is our religious leaders, our educators, all to carry forth the consistent no-use message. I can assure you that the President has been doing it and I have been doing it and we will continue to do it.

Senator GRASSLEY. Thank you, Mr. Chairman.

The CHAIRMAN. Thank you.

Senator Cohen?

OPENING STATEMENT OF SENATOR COHEN

Senator COHEN. Thank you, Mr. Chairman. I was looking through your "America's Drug Strategy: A Prescription For Action"

report. It is quite good. I am looking at pages 35 and 36 and I am going to quote just a couple of sentences:

Today, there are about 600,000 drug abusers in our Nation who are out on probation, not tested, not treated, not getting more than the most nominal supervision by harried and overwhelmed probation officers. Plainly, this is not supervision, and without supervision these offenders continue to take drugs and commit crimes for which they are not being arrested.

I am interested in that particular statement, which I agree with, because I wonder whether the right hand, meaning you, is aware of what the left hand is doing. According to your statement, you would like to bring in about 140,000 of these drug users or abusers for treatment each year. I assume that many of them would qualify for disability benefits under the existing standards.

When I say the right hand may not be aware of what the left hand is doing, I am referring specifically to the Social Security disability insurance and the SSI programs. The minority staff of the Aging Committee this week released a report which indicated there are roughly 250,000 people who now qualify for Social Security disability benefits because of their drug addiction or alcoholism. Of those 250,000, only about 78,000 are under any sort of supervision for treatment and rehabilitation, which means basically that out of the \$1.4 billion that we are currently spending in cash benefits going directly to substance abusers, about \$1.1 billion is completely unsupervised.

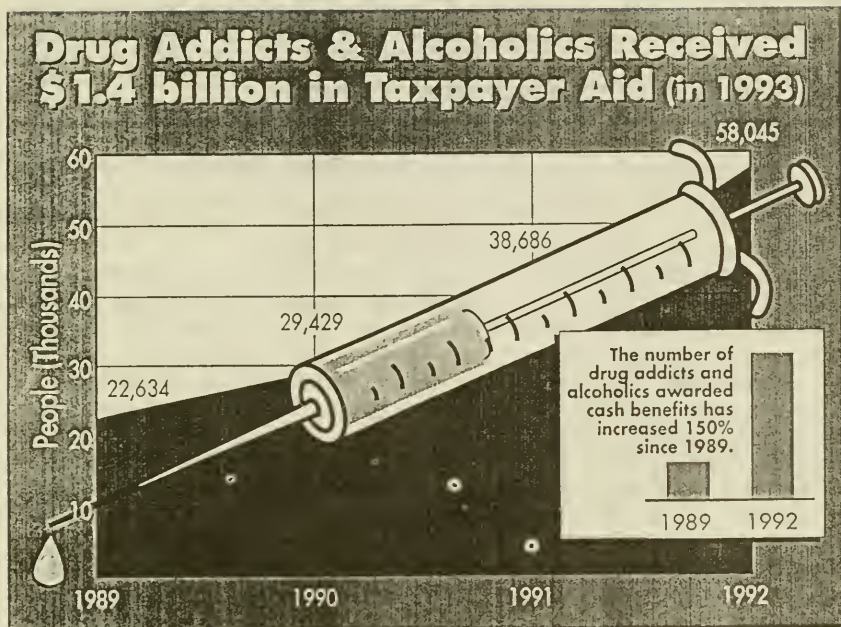
We have had horror story after horror story of addicts and alcoholics receiving cash payments, sometimes in lump sums of \$19,000 and \$20,000 for back payments. They are going out and buying drugs. In fact, they are taking their money and acquiring drugs and going on the open market and selling them, without any supervision or treatment whatsoever. So when I say that the right hand, meaning you, may not know what the left hand, meaning the Social Security Administration, is doing, it seems to me we have to try to coordinate these programs.

This particular chart shows that for the last 4 years, between 1989 and 1992, we have added almost 150,000 people to this program under the Social Security Administration, most of whom are getting no treatment and rehabilitation, and most of whom, believe it or not, get cash payments. Now, the notion that somehow we would give cash payments to known and admitted drug addicts and alcoholics, I think, is just outrageous, but that is the situation we are in right now.

[See chart on next page.]

You have spoken about a shift in focus; you call it a sea change in the way we are responding to the drug problem. While I like the nautical reference, coming from Maine, you almost can compare it to throwing an anchor to a drowning man, at least on the Social Security side of things. We cannot continue to give money to people who are using it to go out and buy more alcohol or inject themselves with heroin or inhale cocaine.

Under the Social Security Administration's rules, in order to receive benefits, substance abusers are required to get treatment,



and are also required to have a third person, be it a friend, a family member or even an institution, be the representative payee.

Do you know what has happened in the program? Some of the people who are receiving benefits are having their benefit checks sent directly to bartenders. Alcoholics are having a bartender named as the representative payee. There is another example of a fellow in the ninth circuit. The Ninth Circuit Court of Appeals just recently ruled that a person who is receiving disability benefits and who is eligible for a retroactive payment of \$19,500 for past benefits due—is not engaged in gainful activity.

Here was an individual who admitted he was dealing in heroin. He was acquiring about 600 dollars' worth of heroin each day for three friends, and also in the process getting about 150 dollars' worth for himself. The court ruled that because it only took 20 minutes of his time, and that he wasn't actually going out and hustling it, but rather just receiving calls, that that was not gainful activity and employment. Therefore, they ruled that he was entitled to continue his drug-selling activities and get the \$19,500 in retroactive benefits and continue to get his monthly disability payments.

I would tell the chairman that I offered an amendment on the floor today which was accepted that would prevent known drug dealers from being eligible for cash disability payments.

This is not a criticism of what you are saying, and I agree with what the chairman has said. We really do have to focus on treatment and rehabilitation. But if we don't change the disability program, we are in for enormous problems.

I say this not in the way of a question, obviously, but as a statement that we have to change the Social Security disability program

and not give cash payments to addicts and alcoholics. We have got to have the SSA establish and enforce controls in order to safeguard the taxpayers' money. Without that, we are going to lose support for these kinds of programs.

Mr. BROWN. I will be glad to respond very briefly on that. We share your concern. Health and Human Services has already taken some steps to improve the program and is considering other steps. For example, since October 1993, to improve the treatment referral and monitoring, Health and Human Services increased the number of States with monitoring contracts from 18 to 34.

In addition, demonstration projects are underway now to test the impact of an indepth case management approach and are paying for some treatment. Furthermore, we find that Health and Human Services is working with national professional organizations to recruit responsible representatives payees that will ensure the benefits are not used to support drug and alcohol habits. Finally, to ensure proper management of this program, the administration has increased funding from \$4 million in fiscal year 1993 to \$20 million in 1994 and \$36 million in 1995. These changes are taking place because we share your concern and are troubled by the reports of abuse of that system.

The CHAIRMAN. I say to my friend that I have to reveal my ignorance. I cite that phenomenon and problem on page 123 and 124; but I must say I was not aware of the minority report, and my numbers are not as good, nor as accurate as yours. In this prescription, I acknowledge, and I agree with you wholeheartedly, that absent plugging, stemming, that hole, the idea that we are going to continue to have support for efforts in this area that make anyone think there is any efficacy to what we are doing is going to be very difficult.

Director, I promised Senator Feinstein, who had to go to the floor to debate an issue—I am not sure which side she was on, but there was a Dole amendment up and she had to go and be involved in that debate. She asked me to ask you the following question. She said that there are 100,000 drug-addicted babies born every year. I use the No. 325,000 on a yearly basis, but they are my figures from the Columbia University study and others. She indicates that the cost for drug-addicted babies is as high as \$250,000 per baby, an incredible cost.

What is the administration's plan for dealing with drug-addicted babies? How do you get at that issue?

Mr. BROWN. Our plan calls for targeting people at risk. Clearly, pregnant women who are using drugs are at risk.

The CHAIRMAN. That is an important point. You focus hard-core users and—if I am not mistaken, the shift is hard-core users and pregnant women. They are the two primary targets of this strategy, is that correct?

Mr. BROWN. Yes, sir. That is a very important aspect because some statistics show up to 5 percent of the mothers delivering babies in California were using drugs right before the delivery.

The CHAIRMAN. Now, I would like to make two quick points. Before I do, though, I would suggest that it is just going to be too unfair to you in your allocation of time to keep you here while we go through these necessary votes. I would like to ask you not to com-

mit to an exact time now, but if you would be willing to come back up for a more extended period in the next couple of weeks to continue this hearing. I think it is useful for you and the administration to make clear your position, and also to give my colleagues, who all have a keen interest in this, a greater opportunity.

We have time within the timeframe of our need to act on this in terms of authorization and appropriation, so it is not urgent in that sense, but it is urgent in terms of getting this debate up and engaged because, as you can see, the fundamental debate is still at issue, and that is where our focus should be. In the past, I have been arguing that our focus should be on hard-core users, but my friends have been arguing that the focus should be on casual users. Now, we are still there. You and I happen to agree, and I think we have to flesh that out more.

Mr. BROWN. I would be glad to come back, Mr. Chairman, that you invite me.

The CHAIRMAN. Thank you, Director. There are a couple of things I would like to point out. Drug interdiction expenditures—there is an interesting chart of the U.S. Department of Justice Drug Enforcement Administration, and I would like to point it out over there. If you notice, midyear 1990, the number of dollars spent for interdiction went up through 1991, declined slightly, and is declining more sharply to midyear 1993.

Compare that to the cocaine purity for drug traffickers rising, even though interdiction increased. You will see, as we spent more money on interdiction, the purity of cocaine rose, so it wasn't very effective, and that is the real measure, the purity of the cocaine. If you notice, as the expenditures dropped off, it essentially is a flat line in terms of the drop of the purity of kilos coming in.

So I do think that there is little evidence to indicate that transit points are the best bang for the buck. As I understand it, you are focusing not only more on treatment, but you are taking more of the interdiction money and moving it to source countries.

As you know, because you and I talked when you were still a chief running a police department, I argued that we should go to the source. We get a much bigger bang for the buck at the source and on the street here, as opposed to the transit points. But I want to make it clear that you are not suggesting that we eliminate our interdiction effort, is that correct?

Mr. BROWN. By no means.

The CHAIRMAN. The other thing I would like to note for the record is that your shift in strategy here is one of degree. If you look at those drug courts we are talking about, the administration strongly supports the Biden bill that has \$1.2 billion in there on drug courts and they are designed to get those first-time arrestees into a treatment regime, whether it is through extensive probation supervision and/or into a program.

So you are not merely looking at treatment for hard-core people. You are still keeping pressure on first-time users and casual users, is that correct?

Mr. BROWN. That is correct. Our strategy recognizes your crime control bill. Some of the things we think are important as part of our strategy are contained in your crime control bill.

The CHAIRMAN. Well, I do have, as you know, some question, as does Senator DeConcini, about, again, to use the word three times today, the efficacy of eliminating the Byrne grants. Notwithstanding the fact that those very States and agencies will get considerably more money, I still think it may be a fight not worth fighting. The one thing everyone believes at the local level and feels very strongly about is that the Byrne grants work. They coordinated these operations with State, local, and Federal authorities. I know they can still do it with the other money. I may be coming back to you, Director, and suggesting that we can work out some accommodation where we will not affect the overall numbers, but can reassure the localities that they are not going to be left worse off than they are now, even though I acknowledge that there are 2 minutes left to vote.

I am looking forward to having you come back. I truly am delighted you are there. You are a real, live cop. You have been an undercover agent, you have run an agency, you have run an organization much bigger than the one you have now.

My closing comment will be I share a number of views with my friend from Utah. I don't think you have enough staff, notwithstanding what the administration thinks, and I don't think that you have enough authority, notwithstanding my compliments to the President for elevating you to Cabinet level. I think it makes a real difference here. I have been arguing all along, unless you sit at that table, you cannot, in fact, have a real impact. The President met that commitment. Hopefully, we can convince him in a bipartisan way to enhance, as we reauthorize this agency, a little more direct authority as well.

Mr. BROWN. Thank you, Mr. Chairman.

The CHAIRMAN. Thank you. We look forward to having you come back.

We are adjourned.

[Whereupon, at 3:30 p.m., the committee was adjourned.]

[Questions and answers, subsequently submitted for the record, follow:]

QUESTIONS AND ANSWERS

DR. BROWN'S RESPONSES TO WRITTEN QUESTIONS SUBMITTED BY CHAIRMAN BIDEN

1. On page 103 of the National Drug Control Strategy, the Office has provided figures compiled by the Department of Health & Human Services. Because they were compiled by the Department of Health & Human Services, I would appreciate their comments—in addition to those of the Office of the National Drug Control Policy—on the following questions:

Question

What is the current estimate of the average cost of treating a hard-core addict?

The additional \$360 million to treat hard-core addicts is to treat an additional 74,000 addicts—simple division reveals an average cost of about \$4,900 per addict—is this an accurate estimate?

What is the basis of the figures provided in Table B-8?

It appears that the so-called “through-put” of the Federal drug treatment dollars has declined—more dollars are treating fewer addicts. Are these estimates based on a census of all drug treatment centers, a survey of selected drug treatment centers, or some other basis? Please detail this methodology.

If the Nation is to make significant strides to close the hard-core addict treatment shortfall—estimated at more than 1 million—it is clear that we must develop ways to treat addicts efficiently and effectively. What studies, if any, document the promise of low-cost drug treatment modalities?

Answer

- The average cost per slot to treat a hard-core addict is \$8,729. The standard slot cost for fiscal year 1995 is \$5,819. Another varying factor in the compilation of the number of addicts to receive treatment is the throughput factor. The standard throughput for Federal slots in 1995 remains at the fiscal year 1994 level of 2.53; however, the hard-core estimates are based on a reduced throughput of 2.035. This is largely due to a longer length of stay.

- The throughput factor is based on a weighted average of varying treatment modalities, i.e., residential, outpatient, detoxification, etc.

Question

2A. What is your evidence—has the interdiction effort proven a successful enterprise?

Answer

- We estimate that each year the illicit drug industry produces approximately 1,000 metric tons of cocaine for the world market. Of this, approximately:

- One third is consumed in the U.S.

- Another third is lost in shipping or consumed in other markets.

- A final third is interdicted en route to a market, either by the U.S. or other source/transit/consuming countries.

- These are not insignificant amounts. The U.S. portion of the “interdiction third” equalled 108 metric tons in 1993, 137 in 1992, and 111 in 1991.

- The cost of the U.S. interdiction effort in 1993 as a percentage of the total Federal drug control budget for that year was 2 percent.

- But, successful interdiction is more than preventing drugs from reaching a market.

- By decreasing drug availability, interdiction supports the treatment/prevention/local law enforcement elements of our strategy;

- Interdiction forces traffickers to abandon direct shipments to the U.S., and to develop different, riskier and more costly concealment/shipping/delivery methods;

- And interdiction forces traffickers to dramatically increase production to ensure supply.

- We will always be reviewing existing interdiction organizations, resources, and methods to ensure they are operating in the most effective and efficient manner.

Question

2B. What efforts are underway to make better use of interdiction funds?

Answer

- Under the previous policy, interdiction resources were concentrated primarily in the transit zone and relied heavily on surface and air patrolling to locate targets of interest.

- Our new policy incorporates a controlled shift in emphasis from the transit zones to the source countries.

- Efforts in the source countries will emphasize building up host nation capabilities to deny use of their territory and airspace to traffickers.

- Resources remaining in the transit zone will be employed in a more "focused" manner.

- They will rely less on patrolling and more on intelligence cuing to position resources to respond to targets of interest.

- The adjustments in our interdiction program will not change the Federal agencies involved.

- Interdiction will continue to be supported principally by the Department of Defense, the Customs Service, and the Coast Guard.

Question

2C. Does the "controlled shift" Strategy include any reallocation of interdiction resources and assets to such areas as Puerto Rico—that could be targeted by the drug traffickers?

Answer

- Nothing we are doing in the source and transit zones affects our allocation of resources to the land and sea border of the United States—the arrival zone.

- We have reduced interdiction resources in the transit zone to what we believe to be necessary to accomplish the mission. For example, we have reduced:

- 16 dedicated ships to 5.

- 21 dedicated aircraft to 19.

- 22 ground based radars to 19.

- These remaining resources will rely less on patrolling and more on intelligence cuing to maximize effectiveness.

- It is important to keep in mind that the infrastructure necessary to employ interdiction resources is unaffected by these reductions.

- This means we can rapidly reinforce our interdiction capabilities in the transit zone if changes in traffickers routes and modes should warrant.

Question

3A. What are your views about the importance of this cabinet sear in the so-called "budget battles"?

Answer

My position at the Cabinet table allows me to discuss budget matters with all members of the Cabinet throughout the budget process. For example, last year I participated in the final budget deliberations with the President, the Director of OMB, and the Secretary of each Federal department with drug control responsibilities. This is the first time that a Director of ONDCP has participated at this level of decision making.

Question

3B. Could you outline some of the key successes won by the Office of National Drug Control Policy during the development of the fiscal year 1995 budget?

Answer

There are a number of successes that I can mention. First and foremost is the National Drug Control Strategy itself. This Administration developed the first Strategy that linked drug policy to other domestic issues and addressed the needs of the hard-core drug user population. The importance of the Strategy is reflected in the drug control budget. The fiscal year 1995 request is a record \$13.2 billion. This request is most noteworthy given the substantial cuts many programs were required to absorb to reflect our deficit target.

A key success in the drug control budget is the treatment initiative. The fiscal year 1995 budget includes \$355 million to enable 74,000 chronic hard-core drug users to receive treatment. When these resources are combined with those expected from the Crime Bill, we estimate that as many as 140,000 drug users will receive treatment annually. This treatment initiative, long overdue, is the largest treatment initiative ever.

In the area of international control, a key success was the modification of our approach to better respond to the changing nature of drug production and trafficking in source and transit countries. Our Strategy emphasizes a controlled shift from the source to transit countries, through such activities as training of law enforcement, judicial reform, crop control, sustainable development, source country interdiction, and source country demand reduction efforts. Our fiscal year 1995 budget proposes an increase of \$76 million for international programs to fund this new approach.

Another success is the linkage of drug use and health care reform. The President has included a substance abuse benefit in his National Health Care Legislation, which provides for a range of inpatient and intensive nonresidential treatment for drug users, especially hard-core drug users.

In other areas, we have connected drug control issues with the National Empowerment Program, Community Service, Safe Schools, and Community Policing to ensure success that is locally based.

DR. BROWN'S RESPONSES TO WRITTEN QUESTIONS
SUBMITTED BY SENATOR HATCH

1. PERSONNEL REDUCTIONS

Question

I am concerned that President Clinton's budget does not match the rhetoric of his drug strategy. The Strategy stresses "aggressively pursuing" international and inter-state drug communities of drugs and violence. Specifically, the Strategy cites the work of the Organized Crime Drug Enforcement Task Forces, which bring senior Federal agents and prosecutors together with state and local authorities.

I share your enthusiasm for Federal law enforcement initiatives and I want to help you secure the appropriate level of funding for these efforts. Unfortunately, our enthusiasm is not expressed in the Clinton Budget. In fact, as the chart before us illustrates, the President's budget cuts over 1,500 Department of Justice law enforcement agency positions. According to the Justice Department budget summary, the FBI loses 847 positions, DEA loses 355 positions, the Criminal Division loses 28, the Organized Crime and Drug Enforcement Task Forces lose 150, and Federal prosecutors lose 143 positions.

Some will assert that these numbers do not necessarily translate into less agents; that is that agencies will move money around to maintain agency strength. In my view, this is misleading. Although agents continue to retire or leave, not a single new agent has been hired by either the FBI or the DEA since President Bush left office and none will be hired until at spend time filling out forms or typing documents once processed by support staff, he or she is not as effective. However one chooses to cut personnel, no one can claim that 1,523 law enforcement positions are insignificant in number.

Director Brown, do you believe these cuts are appropriate and, if not, will you support efforts to increase funding for these agencies to ensure, at a minimum, maintain their current strength?

Answer

- ONDCP shares your concerns with regard to reduced agents levels. To that end, to better understand the impact of the reduced positions my office met with Justice Department to learn the specific budget proposal and the reductions. We have learned that the 1995 total budget request for the Justice Department reduces the number of agents by 258 from 1993 to 1995.

- However, in compiling the President's National Drug Control Strategy and companion Budget Summary document, my office primarily focused on the "drug only" portion of the Justice Department's request. The 1995 budget that my office prepared for drug-related programs reflects a reduction of only 46 agents from 1994 to 1995 for the Justice programs.

- Furthermore, we have been assured by the agencies and bureaus that they will continue to address and prioritize their efforts in anti-drug activities.

2. COMMUNITY POLICING

Much has been made of the President's proposal to put 100,000 police on the street. It is asserted that this program will make up for corresponding cuts to Federal law enforcement. Yet, we need to take a look at how this program is funded. Existing state and local law enforcement block grants, which police have been counting on, are being cut by over \$500 million in the President's budget in order to fund

the proposed police hiring program. The money to pay for this program and other aspects of the Crime Bill was supposed to come from Executive Branch saving—not from existing law enforcement programs. Other cuts to existing law enforcement programs include crime emergency assistance grants, which have been cut \$222 million. The missing children's program is cut by nearly \$3 million, and regional intelligence sharing grants have been cut by \$14.5 million.

Question

Mr. Brown, as a general matter, do you support that Byrne State and local law enforcement block grants and if so, do you believe this program should be eliminated to fund the community policing program?

Answer

As you know, the Administration's 1995 budget proposed eliminating the Formula grant component of the Byrne grant, but maintained the discretionary portions. The discretionary funds were slated for a 100-percent increase. I expressed my concerns with regard to the proposed reduction of funding available under the Byrne Grant program to Attorney General Reno during the budget certification process.

The Administration's budget proposed dramatically expanding and directly funding many of the programs currently funded through the Byrne formula program, such as community policing, boot camps, criminal justice drug treatment and other innovative anti-drug programs. In fact, the budget proposes an overall increase of more than 300 percent in state and local law enforcement assistance.

However, based on input from mayors and governors, the Administration has restored \$125 million in formula grant allocations to the states. In addition, the administration supported an amendment to the House version of the Crime Bill to allow future funding of the Byrne program through the Crime Bill trust fund.

3. DOJ BUDGET INCREASE?

The Department of Justice has increased substantially its general legal activities spending. While the number of violent crime and drug cases prosecuted will decrease according to the President's own budget estimates, the Department plans to bring more environmental and natural resource cases (nearly 900 more cases due to an increase of 54 positions), more civil suits (450 more cases), more civil rights cases (90 new positions are created), and more antitrust suits (33 new positions are created). While the FBI, DEA, and U.S. Attorneys are cut in personnel numbers, the civil rights, environment, and antitrust divisions are increasing in personnel.

Question

Mr. Brown, I do not necessarily quarrel with these increases, but faced with a choice they seem to me to be less pressing than the need to maintain, let alone increase, the number of FBI agents, DEA agents, and Federal prosecutors. What is your view?

Answer

While I believe the Attorney General is better able to answer questions regarding staffing levels of the Justice Department, I am aware that the President's decision to hold constant the agent staffing levels for the FBI and DEA is supportive of the anti-crime priorities of the Administration, particularly the goal of placing an additional 100,000 "Cop on the Beat" through community policing programs and combating violent crime and gang activities. The Administration's decision not to include FBI and DEA agents within the scope of proposed mandated personnel reductions and to fund agent personnel compensation and benefits fully, underscores the importance the President places on maintaining the strength of Federal law enforcement even in these times of budgetary constraint.

4. TREATMENT EFFECTIVENESS

Question

Your Strategy estimates that as many as 2.5 million persons could benefit from treatment and 1.1 million do not receive treatment because of inadequate treatment capacity. (Strategy, p. 25.) How did you arrive at the estimate and what do you mean by "could benefit from treatment?" Do you mean would be clean and sober for life? for five years? for one year?

The Strategy proposes increased investment in treatment for hard-core users of \$355 million, a 14 percent increase. From 1988 to 1993, we doubled the amount spent on treatment, but the results in reducing hard-core use were disappointing. In a research paper you released in August of last year entitled, "Characteristics

of Heavy Cocaine Users," some sobering points were made about treatment of hard-core cocaine users. The paper cited the Treatment Outcome Prospective Study (TOPS), which showed that for every 10 clients who used cocaine regularly during the year before entering treatment, six clients had returned to heavy use one year after treatment, and eight clients had returned to heavy use within three to five years after treatment. The paper concluded that this data, while worse than some other studies, clearly showed that treated cocaine users are more likely than not to return to drug use.

Why do you believe increased spending on treatment for hard-core users is preferable to a greater focus on *preventing* casual users from becoming hard-core users?

Answer

- This Office arrived at the estimate of the number of drug users who could benefit from treatment, in consultation with the Department of Health and Human Services (HHS), by reviewing the drug user population estimates from the HHS Household Survey and from separate research on the hard-core user population conducted by this Office.

- By "could benefit from drug treatment" is meant are virtually certain to experience sustained reductions in drug use and criminal behavior and improved interpersonal and social functioning. The research on which this statement is based is generally conducted for one year or more after treatment.

- The TOPS study makes clear that the hard-core user (especially the cocaine user) is difficult to treat. Society's stake in treating this population is clear, however; the hard-core population drives demand for drugs and commits an inordinate amount of crime. Society benefits from their very entry into treatment as well as from the long term impact of treatment.

- Importantly, the TOPS study also found, and continues to find, that treatment services are inadequate and are not expanding. The objective of the hard-core initiative is not simply to expand existing capacity; rather, it is to provide adequate services for a sufficient duration to bring about real change in the hard-core population.

- Finally, the hard-core initiative does not represent a preference for treating hard-core users over prevention of first use or chronic use. Effective prevention programs are essential to the long-term Strategy. And drug treatment, supported by health care reform and continued public funding, is also essential. The hard-core initiative does not replace or displace either of these efforts. Rather, it adds a specific targeted program for the resistant, destructive population beyond the reach of prevention and less intensive treatment.

5. HEALTH CARE REFORM

Question

Once again, your Strategy refers to enacting the President's health care reform bill as a specific objective to further the goal of reducing drug use. (*Strategy*, p. 2.) I am not sure how the proposal will get the result you imply in the Strategy. In the health care reform proposal, initially only 30 days of residential treatment for drug abusers is covered, which some experts say is wholly inadequate, specifically for hard-core addicts. In 1998, the coverage goes up to 90 days, which many say is not enough either. Based on your research, how long is necessary to treat drug dependency? Is 30 days adequate? How much does treatment for hard core drug dependence cost?

Answer

- This Office shares your assessment that, by itself, the initial substance abuse benefit under the Health Security Act will not be sufficient to treat certain hard-core users.

- The Administration's commitment to treat hard-core users will require funding support under public grant programs and initiatives.

- During the period of transition from limited to full benefits, drug treatment for hard-core users and the poor will receive continued support, as has been the case for many years, under public health grant programs and initiatives.

- In other words, the transitional health care reform benefit will: provide direct services to users who have not yet progressed to the point of chronic, hard-core use (potentially leaving more of the existing public resources for services targeted to hard-core users); and will help hard-core users gain access to needed treatment (with a planned transition to public support after the benefit has been exhausted).

- Transition from the present system of public funding to one based on health care reform is planned through the year 2001, and when that transition is complete:

- Health Care Reform will provide direct services;
- Block grant programs will provide linkage to and supplement direct services; and
- Demonstration programs will develop and transfer infrastructure.
- Although length of stay in treatment is positively correlated with reductions in drug use and criminal behavior and with improved interpersonal and social functioning, there is no uniformly accepted duration for drug treatment.
 - Historically, participation in outpatient treatment for 90 days or more has proven more effective than shorter periods.
 - Residential programs, and programs within prisons, generally last for more than 9 months. However, some research suggests that the length of time in the residential setting can be shortened, if the services provided are adequate and appropriate and if community-based follow up is planned for and provided. For example, early information from the DC initiative indicates 6 months in an enriched residential program can have results comparable to 12 months in a traditional residential program.
- The most important lessons learned from recent research in drug treatment include: 1. drug addiction is a chronic condition, which requires a long-term approach and which may be more subject to management than to simple cure; and 2. intensity of treatment is not necessarily limited by the setting for treatment, e.g., the provision of needed services, in accordance with a formal assessment and treatment plan, can be accomplished in an outpatient setting, as long as monitoring and supervision are adequate.
- A simple number for treatment cost is similarly elusive, with many residential programs costing \$25,000 per year or more, methadone programs costing about \$8,000, and some outpatient drug-free programs costing less than half of that. Strategy estimates, of the number of hard-core users to be served by the hard-core initiative, assume that the additional services and length of stay required will result in a 50 percent increase over the cost of the average treatment slot.

6. RURAL DRUG CRIME

The Strategy you have presented today says nothing, as far as I can tell, about combatting drug abuse in rural areas. For example, my state of Utah has increasingly become a drug trans-shipment point and drug and gang violence is on the rise. Do you have any thoughts on this or can you point me to provisions for combatting drug-related crime in rural areas?

Answer

I have met with many public and private interest groups to better understand issues related to rural drug use. One such group consisted of six rural-state drug policy makers.

Furthermore, I have selected 18 representatives from rural States to take part in activities of the ONDCP Director's Panel on Rural Drug Abuse and Trafficking. This body will advise me on rural perspectives, make rural-specific recommendations for the Strategy, and be a source of expert information on rural matters.

The establishment of this panel marks the beginning of an era of sensitivity to drug trafficking and abuse in our rural communities.

7. LEGALIZATION AND GENERAL ELDERS

Question

The Surgeon General's statements about drug legalization got a lot of attention, perhaps more than the Administration's anti-drug efforts to date. In light of the influence on young peoples' behavior that attitudes about drug use have, it is important that the anti-drug message be loud and clear. What is being done to ensure that the Administration speaks with one voice on this issue?

Answer

• The President was quite clear on this issue in the 1994 National Drug Control Strategy. In his words, "this Administration will never consider the legalization of illegal drugs".

• This is the Administration's position. It is one that I have continued to stress since the beginning of my tenure as Director of the Office of National Drug Control Policy. Virtually every time I speak in public, I repeat and re-emphasize our opposition of legalization. I have sought out opportunities to ensure that everyone—including drug policy reform groups—clearly understand that our message is one of *no*

use—and of ensuring that criminal sanctions are possible for the possession of any illegal substance.

- Any person who adopts a different position does not speak for the Administration on this issue.

8. DRUG USE CHARTS—USE INCREASING

The Administration's Strategy concedes, as it must, that we are beginning to see an alarming amount of backsliding in attitude of our youth towards. (*Strategy*, p. 2.) We've lost valuable ground in the fight to influence the attitudes which lead to drug use. There is really no doubt about life; the data speaks for themselves.

Chart 1: Recently, the National Institute on Drug Abuse (NIDA) released its findings on drug use among high school students, and the results are disturbing. This fact chart shows how many high school seniors believe that regular drug use poses a great risk to their health. The top line shows attitudes toward the regular use of LSD and the second line shows the attitudes toward marijuana use. All through the 80's and first years of the 90's, there was a steady trend of increasingly negative attitudes about the harmful effects of drugs. But this trend has recently been reversed. As the charts shows, last year 2.4 percent fewer high school seniors believed that regular use of LSD would be harmful to them.

The same trend is apparent in the second line on this chart, showing attitudes about the regular use of marijuana. We see a steady increase in the belief in its harmful effects during the Reagan/Bush years, followed by a sharp drop—4 percent—in that belief during 1993.

Clearly, the message that drugs cause terrible health and other problems is not getting through.

Chart 2: With these attitudes, is it any surprise the drug use among high schoolers is up alarmingly? The NIDA study shows an increase in drug use that corresponds to the decrease in negative attitudes towards drugs. As this second chart shows, from 1981 to 1992, we achieve a steady decline in drug use by high school seniors. This top line shows the percent of high school seniors who have used drugs at least once during their life. This number increased 2.2 last year. The middle line shows the percentage of seniors who used drugs in the past year. This number increased 3.9 percent last year. And the last line represents the percentage of high school seniors who used drugs in the last month. This figure also increased an alarming 3.9 percent last year. And the last line represents the percentage of high school seniors who used drugs in the last month. This figure also increased an alarming 3.9 percent last year.

Question

Dr. Brown, what do you believe has changed in the last year that has caused this alarming reversal?

Answer

I certainly agree that the latest information and data from the Department of Health and Human Services indicates that the attitudes of youth about the use of drugs, as well as their self-admitted drug use, makes it clear that the prevention message—that drug use is harmful—is either not getting through to our younger citizens, or that it is not effective. And though it is true that drug use among our nation's youth has dropped since the peak years in 1985 and 1986, the last few years (1990–1992) have shown a troublesome rise in use of some drugs, specifically marijuana and hallucinogens.

However, this is not a problem of just the *last* year or the most recent data, but rather one that has been growing for the last *several* years. ONDCP was first alerted to this by the results of the PRIDE survey and our own quarterly study, the *Pulse Check*.

I cannot tell you exactly why this rise in use and change in attitudes has occurred, but it is clear that, if they are to be effective over time, our prevention programs must send a strong *no use* message and must properly educate individuals about the risks and dangers of illegal drug and alcohol use. And it is also clear that prevention efforts must be well-planned and coordinated and part of a consistent and ongoing effort.

Although drug-related violence and drug use continue to be among the most profound problems confronting the Nation, much of the media and public attention that accompanied the drug crisis during the 1980's has begun to fade. This loss of public focus may be due in part to some encouraging news about overall drug use, but what we are seeing in the most recent data clearly shows that we can never afford to relax our efforts to prevent drug use.

Educating the youth of this Nation is one of society's most important responsibilities, and nowhere is the need for education greater than to teach our children about the dangers of drug use. Comprehensive, community-based drug prevention programs are effective in reducing the likelihood that young people will start using drugs, and these programs can lessen the chances that youth will become heavily involved with serious drug use.

While we may never know exactly why there has been an upturn in drug use, it is clear what needs to be done. We must act now to reinvigorate and revitalize our prevention efforts. And to assist in this and to guide the development of the right programs and initiatives to address this upturn, I said in the 1994 National Drug Control Strategy that I would convene a panel of national scholars and experts in substance abuse prevention. The first meetings have been held, and the project is on track. I will report to Congress and the Nation on the suggestions and initiatives that grow from this program within the next few months.

9. SOURCE COUNTRY ERADICATION

Question

Your international Strategy will undergo a so-called "controlled shift" away from interdicting drugs in transit to crop eradication in source countries. We have tried crop eradication before. Would you characterize our efforts as successful so far? If not, why will your eradication system work better than in the past?

Answer

I would agree that our past efforts at crop eradication have not been wholly successful. This is clear from the report released by my office, titled *Crop Substitution in the Andes*. And that is why the 1994 Strategy calls not simply for reliance on one approach or another, but rather for a program that supports and utilizes all the components of a comprehensive international program—interdiction, attacking drug trafficking organizations, and institution building in drug producing and processing countries.

Included in these efforts are a range of activities to encourage source-country eradication efforts and, at the same time, to provide support for alternative development in support of the overall goals of reducing drug production and strengthening democratic institutions. The Strategy will pursue sustainable development programs in cooperating source countries to promote viable economic alternatives to illicit drug production and trafficking—not simply crop substitution, but long-term sustainable development programs that will lead to a real change in these countries and will provide for the needed economic stability and growth.

It is too early to say whether or not these new programs are effective, but we do intend to maintain flexibility and use all available measures of effectiveness to ensure that, if they are not, then appropriate steps are taken to make the needed changes and maximize the impact. In short, all our efforts will be based on research, and driven by results. And we will not wait to make changes if an approach is not working.

10. INTERDICTION

Question

The Strategy cuts interdiction efforts by at least \$94 million dollars. And you support more police on the street to arrest drug traffickers. Leaving aside the issue of cuts to various front line law enforcement agencies such as FBI, DEA, and Federal prosecutors, why are we better off having more police chasing drugs gram by gram or kilo by kilo than having the Coast Guard or the military or the DEA taking out tons of Drugs at a time?

Answer

We have not abandoned interdiction, we have merely begun a gradual shift in interdiction focus from the transit zone to a wider range of support in the source countries. We will still maintain interdiction in the transit zone, but will rely on assets that are more mobile and that can be repositioned quickly in response to changes in trafficking patterns and intelligence-driven threat assessments. And since over 70 percent of all seizures are tied to advanced intelligence, we will continue this capability.

In support of this and the overall interdiction program, I have named an interdiction coordinator, who will help to ensure maximum effectiveness and flexibility in

the coordination of all our interdiction assets, from source countries to the U.S. Border and within our borders.

DR. BROWN'S RESPONSES TO WRITTEN QUESTIONS
SUBMITTED BY SENATOR LEAHY

DRUG INTERDICTION

Question

Dr. Brown, over the last 5 years, what is the average annual amount of cocaine seized through border and coastal interdiction efforts?

Answer

The best source of information about drug seizures comes from the Federal-wide Drug Seizure System (FDSS). The average annual amount of cocaine seized by the various Federal Departments and agencies, according to the FDSS, is as follows:

Fiscal year 1989— 99,200.0 Kilograms
Fiscal year 1990—106,692.9 Kilograms
Fiscal year 1991—111,732.7 Kilograms
Fiscal year 1992—137,555.8 Kilograms
Fiscal year 1993—107,980.7 Kilograms (preliminary data)

This gives an annual average of approximately 112,236 Kilograms of cocaine seized.

COCAINE DISTRIBUTED WITHIN THE UNITED STATES

Question

Over the last 5 years, what is the average annual amount of cocaine that is estimated to have been distributed within the United States?

Answer

We estimate that from 274 to 442 metric tons of cocaine were available for consumption in the United States in 1991. For 1989 the figure for cocaine available for consumption was 278 to 445 metric tons. For 1990 it was 254 to 418 metric tons. These figures are from the Research Paper titled, *What America's Users Spend on Illegal Drugs, 1988-1991*, done for ONDCP by Abt and Associates, under research done for ONDCP. The derivation of these figures is further discussed in that paper.

DRUG INTERDICTION (HEROIN)

Question

Over the last 5 years, what is the average annual amount of heroin seized through border and coastal interdiction efforts?

Answer

The best source of information about drug seizures comes from the Federal-wide Drug Seizure System (FDSS). The average annual amount of heroin seized by the various Federal Departments and agencies, according to the FDSS, is as follows:

Fiscal year 1989—1,095.2 Kilograms
Fiscal year 1990— 813.9 Kilograms
Fiscal year 1991—1,374.4 Kilograms
Fiscal year 1992—1,157.2 Kilograms
Fiscal year 1993—1,517.2 Kilograms (preliminary data)

This gives an annual average of approximately 1,191 Kilograms of heroin seized.

HEROIN DISTRIBUTED WITHIN THE UNITED STATES

Question

A. Over the last 5 years, what is the average annual amount of heroin distributed within the United States?

B. Heroin is the up and coming product for sale in several of our country's largest drug markets? What new strategies are drug trafficking organizations using to market heroin to new heroin users or to increase consumption among current heroin users?

Answer

No one has precise estimates of the amount of heroin that enters the United States. We roughly estimate that from 22 to 33 metric tons of heroin were available in the United States in 1991.

The source for the available estimate is the Research Paper titled, *What America's Users Spend on Illegal Drugs, 1988-1991*, done for ONDCP by Abt and Associates.

Information about marketing strategies used by trafficking organizations is found in our quarterly *Pulse Check Report* and, anecdotally, from a range of other sources. Chief among these is the marketing of a ready-mixed 90/10 speedball, or crack/heroin mixture, being seen in New York City.

Traffickers there are marketing this as a smoother crack, one that does not give the users so precipitous a "crash" as the effect wears off. Other marketing strategies for heroin generally relate to its higher purity and the ability of the user to snort or smoke the drug, thus avoiding the problems that come with injection. This appears to be an effort to appeal to new, and perhaps younger users, often established users of other drugs such as crack. We also see the dealers using the more violent nature of the crack market and of the heavy crack addict to market heroin—either as a prime drug or in combination with crack.

There are also reports that some dealers are specifically targeting the nightclub drug scene in New York, where heroin inhalation has become the "in thing." The same may be true in the "club set" on the West Coast.

EXPANDING MARKET FOR HEROIN—HOW TO ADDRESS?

Question

In what way does the National Drug Strategy address these attempts to expand the market for heroin?

Answer

There is a distinction drawn between heroin and cocaine in the international supply reduction strategy. Heroin use most often relates to the use of other drugs; including cocaine, alcohol, and marijuana, but this differs across the nation. ONDCP's Pulse Check studies and "Hard Core Users Study" are monitoring the unique characteristics of the heroin using population. The best overall plan is to use a comprehensive and consistent prevention program that emphasizes the "no use" message and contains information about the full range of drugs and high risk behaviors. We can also continue to target prevention programs specifically at the health risks of injection drug use and for special high risk populations, but this is more secondary than primary prevention.

Question

In anticipation of the 1997 annexation of Hong Kong by China, has there been any increase in narcotics smuggling into the United States supported by criminal Triads? Do you expect such an increase?

Answer

DEA is unable to identify any increase in smuggling to the United States specifically generated by the pending reversion of Hong Kong to Chinese sovereignty. There had been some speculation in the international community that reversion would trigger a general exodus from Hong Kong of Chinese Triads have actually begun to appear in mainland China. This would seem to indicate that Triads believe they have little to fear from Chinese authorities. While such expansion may facilitate the smuggling of heroin overland through China from Burma to staging points in Hong Kong, Taiwan, and elsewhere in Southeast Asia, it is unlikely to lead to any significant increase in the amount of heroin which reaches the United States.

The pending reversion is nevertheless of concern to DEA, due to uncertainty as to what effect this transfer of control will have on cooperation between U.S. and Hong Kong law enforcement agencies.

Question

Have you been able to document the increase in heroin smuggling into the United States with any increase in Chinese organized criminal activity?

Answer

Ethnic Chinese criminal organizations oversee much of the smuggling of Southeast Asian (SEA) heroin to the United States. These organizations are best viewed as syndicates or joint ventures. They are not in themselves Triads, although Triad membership is an important bona fide which provides entry into such organizations. (Cultural and familial ties and experience in trafficking activities are also impor-

tant.) Members of ethnic Chinese trafficking organizations join together in order to pool the resources needed to arrange heroin shipments.

In the mid-1980's, these ethnic Chinese organizations took over the multi-billion dollar wholesale heroin trade that had been controlled for over two decades by Traditional Organized Crime groups in the United States. Over the next few years, ethnic Chinese traffickers flooded the northeastern United States, the largest heroin market in the country, with bulk shipments of high-purity SEA heroin. In recent years, these groups have increased availability, the layers of mid-level distributors in the New York City area were eliminated and Chinese wholesalers now sell directly to Dominican and other street-level dealers (including ethnic Asian gangs), a development that has resulted enhanced purity at the retail level.

There are several indicators which suggest that the increased activity of Chinese trafficking organizations has had an affect on the availability of heroin in the United States. One is the average purity of heroin. At the street or retail level, purity is directly related to availability. Analysis of street level heroin purchases made under DEA's Domestic Monitor Program indicates that the nationwide average purity for retail level heroin was 38.8 percent in 1993—a significant increase from the average 7 percent purity of a decade ago, and higher even than the 26.6 percent purity recorded in 1991. Additional, results from DEA's Heroin Signature Program suggest that Southeast Asian heroin accounted for 68 percent of the heroin seized (by net weight) in the United States in 1993. (Under the Heroin Signature Program, DEA chemists analyze random samples of domestic purchases and seizures, and seizures made at U.S. ports of entry.)

Question

How have Federal law enforcement agencies changed their priorities to address the increase in drug trafficking by Asian gangs?

Answer

Most of the SEA heroin smuggled to the United States by ethnic Chinese trafficking groups is produced by insurgent groups in Burma. DEA has designated the two largest groups—the Shan United Army and the United Wa State Army—as “Kingpin Organizations”. As such, DEA is concentrating investigative resources against traffickers associated with these organizations.

In the United States, some ethnic Asian street gangs which operate in major metropolitan areas distribute heroin and cocaine. Vietnamese gangs operating on the West and East Coast within ethnic Vietnamese communities engage in a wide variety of criminal activity, including drug trafficking and extortion. These gangs have shown a propensity for violence, adding yet another dimension to the U.S. drug trafficking problem.

DEA continues to work with State and local authorities in the United States in task forces which large groups such as Asian street gangs. Other Federal agencies are monitoring the links between Chinese Triads, American Tongs, and possibly Asian-American street gangs, particularly on the West Coast. However, as stated, U.S.-based gangs engage in a wide variety of criminal activity, drug trafficking often limited to retail distribution.

INCREASED LSD, ALCOHOL AND MARIJUANA USE AMONG YOUNG PEOPLE

Dr. Brown, I was disturbed by some findings of the most recent NIDA survey of college students. While the survey found a continued decrease in the use of cocaine, it showed LSD use was up significantly and marijuana use was up slightly. It also showed that a troubling pattern of alcohol consumption continues on our nation's college campuses. In my state, as I am sure is true of other states, alcohol and other drug consumption on campuses have been involved in several incidents resulting in the deaths of students, as well as incidents of driving while intoxicated, property damage, and disorderly behavior.

Question

Why do you think we have seen these increases?

Answer

I cannot tell you exactly why drug use among college students has occurred, but it is clear that, if they are to be effective over time, our prevention programs must send a strong “no use” message and properly educate individuals about the risks and dangers of illegal drug and alcohol use. And it is also clear that prevention efforts must be well-planned and coordinated and part of a consistent and ongoing effort—one that gives the same message in an age-appropriate way, all through the formative years and into young adulthood.

Educating the youth of this Nation is one of society's most important responsibilities, and nowhere is the need for education greater than to teach our children about the dangers associated with drug use, including alcohol. Comprehensive, community-based drug prevention programs are effective in reducing the likelihood that young people will start using drugs, and these programs can also lessen the chances that youth who do begin to use drugs will subsequently fall victim to serious drug use.

While we may never know exactly why this upturn in drug use has occurred, it is clear what must be done, in response to it. We must act now to reinvigorate and revitalize our prevention efforts and to fine tune them for specific high risk populations. And to assist in this and to guide the development of the right programs and initiatives to address this upturn, I said in the 1994 National Drug Control Strategy that I would convene a panel of national scholars and experts in substance abuse prevention. The first meetings of this group have been held, and the project is on track. I will be reporting to the President on the suggestions and initiatives that grow from this program within the next few months.

DRUG USE BY YOUTH

Question

What role can the Federal Government best play in addressing drug abuse on campuses and among young people generally? Is this an issue best addressed by giving local officials the resources they need to do the job?

Answer

- The Federal Government can play a critical role, by providing models for community actions to prevent the use of drugs by youth; by motivating communities to make themselves drug-free; by motivating specific youth-based or youth-oriented institutions (such as universities) to establish and maintain effective no-use policies; and by providing, as needed formal education.
- Some funds for community programs are important. The more important question is how to make such programs more effective, broadly.
- Experience shows that the type of drugs that may be used; the nature and pattern of use; and the age, gender and demographic groups that may be involved, are variables that may differ significantly between communities. Research into what programs work for different communities is an important function that the Federal Government can best perform. So is the dissemination of information on effective prevention programs.
- The Federal Government can provide for a for communities to exchange ideas, and help motivate communities to act more energetically to prevent drug use. It can encourage and provide directed assistance at specific national and regional coalitions, such as religious groups, labor and employees associations, and business associations and youth groups.
- The Federal Government can motivate and provide support for nationally-based enforcement mechanisms, and for stronger associations between Federal and local enforcement agencies, that can help reduce drug availability in the nation's streets and local communities.
- Finally, the Federal Government can develop or support effective drug prevention education programs for use by schools and colleges, and by communities that can tailor them to their own specific needs.
- Money for community-building is important. But there must be adequate funds to ensure that what communities do is effective.

EDUCATION OF THE PUBLIC

Question

Have efforts to educate the public on the effects of drug use declined in your view? Do we need to change the current focus?

Answer

- The number of messages in the public domain about the effects and risks of drug use have diminished in number over the past several years. As importantly, the volume and number of messages that suggest that drug use is acceptable have increased. Both must be considered together.
- With respect to anti-drug messages, the drug issue has fallen dramatically on the agenda of national concerns of the American people. Other issues, including the national economy, health care, and crime and violence, have the priority attention of the public.

- The Administration continues to make a major attempt to get across to the public and the media factual information about drugs, as well as our very strong views about the negative consequences of drug use. For example, I (Dr. Brown) have made nearly two hundred speeches on the drug problem, as well as numerous press interviews, to various public and media groups across the country since I took office eleven months ago. The President was personally and directly involved in announcing our 1994 National Drug Control Strategy in February. And various high-level U.S. public officials, including the Attorney General, the Secretary of Health and Human Services, and the Secretary of Education, have spoken out and at length on the issue.

- Public interest groups, such as the Partnership for a Drug-Free America, have added their voice to ours.

- We remain, in short, committed to informing and educating the public about the nature and direction of the problem, its concern to us, and its consequences to them. Much of this is *not* the subject of media play, however.

- At the same time, the volume of discussion on issues such as drug legalization or drug policy reform, or "alternative" approaches to drugs, has intensified. No matter how wrong may be the arguments that favor drug policy reform—or legalization—many have been picked up in the media and have become part of the public discussion on the subject.

- The result is, inevitably, a very mixed public message on drugs.

- We should not change our current focus. We should, in fact, continue to concentrate on the real work that we have before us, which is to find effective ways to prevent drug use by our young, to find effective means to treat drug addiction, and to work with our communities to ensure that they can make their best effort to make themselves drug-free.

NORTHEAST DRUG CORRIDOR

Question

Vermonters I talk to in the Northeast part of my state, known as the Northeast Kingdom, are concerned about drug trafficking from Montreal through Vermont and into the metropolitan areas of Boston and New York. Is the Office of National Drug Control Policy aware of any increase over the last several years in drug trafficking over the northern border? What steps are being taken to address drug trafficking in this area?

Answer

- ONDCP is not aware of any major increase in the transport of drugs from Canada to the United States. Some drug traffickers have traditionally smuggled drugs from Canada into the United States, including into the Northeast U.S.

- Federal, state, and local agencies along with several law enforcement agencies from Canada have established a mechanism, called "Operation Northstar" to more effectively coordinate law enforcement efforts on both sides of the U.S.-Canada border.

ALCOHOL TAX

Question

Given the terrible toll alcohol takes both directly and indirectly on peoples' health throughout our nation, should we adopt an alcohol tax that helps defray the costs alcohol consumption imposes on our health care system?

Answer

This question has been referred to the President's Health Care Task Force for response.

MONEY LAUNDERING

Question

The ONDCP has estimated that the illegal drug trade generates \$40-\$50 billion in sales annually, mostly in cash. I have seen other estimates in the order of \$140 billion. What proportion of this cash can drug traffickers launder in a 1-year period?

Answer

- Treasury and Justice have the lead responsibility for money laundering issues. Organizations such as the Financial Crimes Enforcement Network (FinCEN) are working to develop a better understanding of how much of the proceeds from drug

sales remain in the local area and how much is sent back to the major drug traffickers.

Question

How much does it cost a drug trafficking operation to launder say, \$10,000,000 through smurfing, structuring or other conversions to negotiable instruments or disposable property?

Answer

• Our best estimate of how much it cost traffickers to "launder" their drug money is between 10 and 25 percent of the amount to be laundered.

DR. BROWN'S RESPONSES TO WRITTEN QUESTIONS
SUBMITTED BY SENATOR PRESSLER

BYRNE ANTI-DRUG ABUSE GRANT PROGRAM

Included in the President's budget, released Monday, is a proposal to eliminate the Edward Byrne Anti-Drug Abuse Formula Grant Program. This Federal matching funds program serves a critical role in the efforts of many rural states to control drugs.

Last year, my home state of South Dakota received \$1.7 million under the Byrne program. This money was used to fund 20 to 30 full time drug task force agents at the county level, 4 full time drug prosecutors in the state Attorney General's office, a K-9 drug detection unit, and many other law enforcement efforts. In addition, numerous drug treatment programs such as chemical dependency treatment at the State Penitentiary and local jails and the Dare (Drug Abuse Resistance & Education) program.

My point is this: elimination of the Byrne program will severely hurt rural states which rely on it as their primary tool to fight the war on drugs. I know the Administration expects that portions of the program will be replaced by provisions in the Crime Bill. But there is no certainty that any of these provisions survive the expected conference committee.

Question

Why is the Administration anxious to cut existing programs which work, then hope that later legislation will partially cover the holes left by the elimination of this program?

Isn't the Administration jumping into a pool here before looking to see if there is water in the pond? How can it be so optimistic that the Byrne funds will be replaced by other provisions in the Crime Bill?

Answer

The Administration's 1995 Budget proposed eliminating the formula Grant component of the Byrne grant, but not the discretionary portion. Byrne discretionary funds were slated for a 100-percent increase.

The main reason for this change is that the Administration's budget proposes dramatically expanding and directly funding many of the programs currently funded through the Byrne formula program, such as community policing, boot camps, criminal justice drug treatment, rural enforcement, and other innovative anti-drug programs. In fact, the budget proposes an overall increase of more than 300 percent in state and local law enforcement assistance.

However, based on input from mayors and governors around the country, the Administration has reassessed its previous position eliminating the Byrne formula grants from the President's Budget, and has restored \$125 million in formula grant allocations to the states.

In addition, the Administration supported an amendment to the House version of the Crime Bill to allow future funding of the Byrne grant to be provided by the Crime Bill trust fund.

DRUG ABUSE IN RURAL AREAS

My understanding is that the Administration wants to shift the focus of drug control away from foreign interdiction and towards in-country efforts. Further, prevention is to be given a higher priority. If this is true, it seems that programs in rural states where drugs are a growing problem, but not yet a crisis, ought to have more attention paid to them. These states represent the best opportunity to really control and prevent and treat drug abuse before it reaches a crisis stage.

Question

Do you agree? Do rural areas present our best chance to truly control drug abuse. What is being done to ensure that rural states are not forgotten in our rush to assist the inner cities.

Answer

I have met with many public and private interest groups to better understand issues related to rural drug use. One such group consisted of six rural-state drug policy makers.

Furthermore, I have selected 18 representatives from rural States to take part in activities of the ONDCP Director's Panel on Rural Drug Abuse and Trafficking. This body will advise me on rural perspectives, make rural-specific recommendations for the Strategy, and be a source of expert information on rural matters.

The establishment of this panel marks the beginning of an era of sensitivity to drug trafficking and abuse in our rural communities.

DR. BROWN'S RESPONSES TO WRITTEN QUESTIONS
SUBMITTED BY SENATOR DECONCINI

STATE AND LOCAL ASSISTANCE AND THE BYRNE MEMORIAL GRANT

Question

Your national Strategy states that the formula portion of the Byrne grant program will be eliminated but will be carried out under grants authorized by the pending Crime Bill. Speaking from my own experience in Arizona, the Byrne grant is considered the foundation for initiatives which combat drug and violent crime. Yesterday I received a letter from Rex Holgerson of the Arizona Criminal Justice Commission. Let me just share a few of his comments with you: according to this letter and other information I have received, the Byrne grant is responsible for permitting Arizona law enforcement to hire on average 250 officers per year over the last seven years. The community policing initiative, which I understand has 3 phases, is already implementing 2 of those phases. To date, one discretionary grant has been provided to Arizona to the Tempe Police Department to hire eight officers. This is a far cry from 250.

Could you explain to me how the Violent Crime Trust fund, if enacted, is going to offset this inequity?

In addition, the Byrne grant provides for 6 judges and 35 prosecutors in Arizona. Without these funds, how is my state going to make up for this loss of positions which dramatically impact drug cases?

Answer

- It is anticipated that the Violent Crime Control Trust Fund will provide funding offsets for many of the twenty-one purpose areas required by law.

- However, it is noted that the Bill does not include funds to support the multijurisdictional task forces.

- As you know, I expressed my concerns with regard to the reduction of funding to Attorney General Reno during the budget certification process. At which time, the Justice Department requested an \$80 million reduction in the Byrne grant program.

- During the week of March 21, Attorney General Reno in her testimony before the Senate Appropriations Committee, announced a change in the initial plan to completely eliminate the Byrne Memorial Fund formula allocations. She suggested a new plan, one which restores \$125 million in Byrne Grant Formula funding, enough to pay for all existing multijurisdictional task forces.

- In addition, the Administration supported an amendment to the House version of the Crime Bill to allow future finding of the Byrne program to be provided by the Crime Bill trust fund.

STATE AND LOCAL ASSISTANCE AND THE BYRNE MEMORIAL GRANT

Question

50 to 75 percent of RICO forfeitures are a direct result of investigations handled by Byrne funded task forces. So not only will Arizona suffer a cut in the Byrne but also RICO dollars. Will this be offset by the trust fund?

Answer

As indicated in response to the previous question, we expect that the Violent Crime Trust Fund will provide resources eliminated by modifications to the Byrne

Grant program and guidance. As task forces are continued, one can reasonably assume, so will the RICO forfeitures they produce.

STATE AND LOCAL ASSISTANCE AND THE BYRNE MEMORIAL GRANT

Question

Dr. Brown, the Strategy continually emphasizes cooperation at all levels of law enforcement. The Byrne grant in Arizona funds 15 multi-agency, multi-disciplinary task forces, special county prosecutors, county jail detention, forensic support services, probation services, public defense, criminal courts, and prevention projects. Where in the Crime Bill does it outline that these coordinated efforts carried out by state, county and city law enforcement will be authorized and funded by the Violent Crime Trust fund? Do you think the drastic cut in the Byrne grant will result in greater cooperation? Did the Administration consider the Governor's request that the Community Policing initiative provide the same flexibility as the Byrne Program?

Answer

The Administration's 1995 Budget proposed eliminating the Formula Grant component of the Byrne grant, but not the discretionary portion. Byrne discretionary funds were slated for a 100-percent increase.

The main reason for this change is that the Administration's budget proposed *dramatically expanding and directly funding* many of the programs currently funded through the Byrne formula program, such as community policing, boot camps, criminal justice drug treatment, and other innovative anti-drug programs. In fact, the budget proposes an overall increase of more than 300 percent in state and local law enforcement assistance.

However, based on input from mayors and governors around the country, the Administration has reassessed its previous position eliminating the Byrne Memorial Fund formula grants from the President's budget, and has restored \$125 million in formula grant allocations to the states.

In addition, the Administration supported an amendment to the House version of the Crime Bill to allow future funding of the Byrne Grant to be provided by the Crime Bill trust fund.

This restoration will provide funding that should be sufficient to cover the Federal share of all existing multi-jurisdictional drug task forces. However, states will still have the flexibility to spend the restored funding on priority matters of their own choosing.

As to levels of cooperation, I can only state that I will continue to do all that I can to foster cooperation at all levels in our program to overcome drug use and the problems it creates for this Nation. And I will continue to seek funding for programs that are proven effective.

CUSTOMS/AIR AND MARINE PROGRAM

Question

Dr. Brown, I have serious concerns about the proposed reductions in the fiscal year 1995 drug budget for the Customs Air and Marine Interdiction programs. The President's budget includes a reduction totaling \$41 million in the Air and Marine O&M account and another \$16 million from the S&E account for air and marine staffing. Dr. Brown, this is a one-third reduction in the entire program. I don't know how the program can take this kind of a hit without the result being reducing surveillance and tracking capabilities and a reduction in the support provided to state and local law enforcement. As I understand from discussions I have had with Treasury and Customs, the reduction proposed came from OMB, initially it was much higher. But, it was not based on any definitive studies or evaluations of the program with specific recommendations for changes. Instead, it was driven by the numbers.

Can you tell me how these reductions were arrived at, what role OMB played in the decision, and can you confirm for me whether or not there was a plan for the program that preceded the reduction?

Answer

Customs, OMB and ONDCP reviewed the current programs levels and several meetings were held to discuss an adequate level of resources to carry out the President's Drug Control Strategy, as well as to maintain support in areas where it is most needed.

ONDCP worked with OMB to increase funding in fiscal year 1995 for the Air and Marine Interdiction Program.

ONDCP worked with Customs and OMB to ensure that at least some funding would be restored in the President's 1995 Budget request, and this was done.

Question

Dr. Brown, your Drug Strategy states that there is a \$31 million reduction to the air and marine programs. This figure is actually \$57 million. Having said that, your Strategy states that this reduction will have no impact on the operation of the P-3 air surveillance program. In the Customs budget there is a \$3.3 million reduction in the flight hours for the P-3s, a reduction of 875 hours, I believe. And, there is another reduction of \$2.1 million associated with a staffing reduction in the Corpus Christi Surveillance Center.

At a time when there is more support than ever and more need than ever for the surveillance activities of the P-3 program in Central and South America, why is a cut being proposed for this program and why doesn't your Strategy recognize this reduction?

Answer

- The Treasury Department reviewed and approved the Strategy prior to its release in early February.
- We were unaware of any inconsistencies until the end of February when the Treasury Department, at our request, forwarded a table identifying the flight hours for the interdiction program.
- This table revealed that the estimated flight hours for the P-3 in fiscal year 1995 will be about the same as the 1993 actual flight hours. The 1993 actual hours are 5,852 and the fiscal year 1995 estimate is 5,800. This, the fiscal year 1995 proposed program provides resources to ensure Customs to match the actual level of flight hours flown in fiscal year 1993—the most recently completed fiscal year.
- Further, we have been notified that any reductions in flight hours in the P-3 program in fiscal year 1995 would be due to less flying in the transit zone. However, the number of P-3s is not effected by the proposed change in resources in fiscal year 1995.

CUSTOMS BUDGET

Question

Dr. Brown, 2 years ago the Congress provided Customs with \$9 million for the purchase of replacement marine vessels to implement the changing marine strategy for drug interdiction through marine vessels. Your budget for fiscal year 1995 now proposes that we reduce the number of Customs vessels from 150 to 75. At the same time, the budget proposes a reduction of \$8 million in staffing for the marine program. It appears to me that if we indeed go along with your Strategy, we will have sunk \$9 million into a program that will no longer be functioning at maximum effort. In addition, Customs tells me it won't have the staff to operate the boats it will be keeping under this plan.

Why would you propose to eliminate assets that were just recently purchased and can you tell me how you plan to implement a marine interdiction strategy with the cut you are proposing for this program? Did you certify the Custom budget that it would not have an adverse impact on drug control programs in this country? If so, on what basis?

Answer

- Customs plans to focus their efforts on higher level operations and investigations that will have a greater chance of significant payoff.
- Since the fleet will be reduced by 50 percent, Customs will deploy most of its remaining equipment in the Florida and Puerto Rico areas where current intelligence indicates the present threat is the greatest.
- The Custom Budget for fiscal year 1994 was certified as being consistent with the Administration's National Drug Control Strategy.

SOUTHWEST BORDER

Question

Dr. Brown, I understand your office is reviewing the existing interdiction command and control centers. When do you anticipate your office will conclude its review and report its findings?

Answer

- Presidential Decision Directive 14 called on the Director, Office of National Drug Control Policy to review the existing interdiction command and control struc-

ture and make recommendations on how the structure can be streamlined. This review was complete on April 8, 1994. Attached is a statement announcing our findings.

[The press release follows:]



OFFICE OF NATIONAL DRUG CONTROL POLICY
EXECUTIVE OFFICE OF THE PRESIDENT
Washington, D.C. 20500

FOR IMMEDIATE RELEASE
Friday, April 8, 1994

CONTACT: Pat Wheeler
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.....
PRESS RELEASE
.....

**ONDCP DIRECTOR ANNOUNCES RESTRUCTURING
OF THE INTERDICTION COMMAND AND CONTROL SYSTEM**

WASHINGTON, D. C. -- Dr. Lee P. Brown, Director of the Office of National Drug Control Policy announced today the completion of a plan to restructure the counternarcotics interdiction command and control system. The restructuring is the result of a four month review of the system used by the Department of Defense, the U. S. Coast Guard, and the U. S. Customs Service to coordinate the deployment of their planes and ships used to interdict drugs coming into the United States.

The plan calls for the consolidation of two U. S. Customs command facilities and the realignment of responsibilities of other centers. The Customs "Command, Control, Communications, and Intelligence" (C3I) facility at Richmond Heights (Miami area), Florida will be closed and its functions transferred to other facilities in Florida and California.

Dr. Brown stated, "The plan does not affect the size of the forces carrying out actual interdiction activities. We are making our command and control structure more efficient while retaining the flexibility to adjust to changes in smuggling patterns."

SOUTHWEST BORDER

Question

Further, the Strategy states the Customs and INS are working to integrate their efforts throughout the U.S. and map out joint strategies, identify operational improvements, and plan joint use of existing resources. I assume this is referring to the study of how the border can be more efficiently managed? When do you anticipate we will have an opportunity to review their findings?

Answer

- The Strategy refers to ongoing discussions between the U.S. Customs Service and the Immigration and Naturalization Service concerning improved coordination and cooperation, particularly along the Southwest Border. These discussions are continuing.

• I believe that we could arrange a briefing for you or members of your staff concerning specific initiatives and actions.

INTERNATIONAL

Question

Dr. Brown, it is my understanding that the basis for a shift away from transit zones to source countries is the 7 month review by the National Security Council of the international narcotics challenge. Do you feel comfortable dismantling interdiction efforts in the transit area? If so, why?

Do you feel you are prepared to be flexible in shifting back to the transit zones should be a need?

Answer

We are not dismantling the interdiction effort in the transit area. Specifically we have reduced dedicated ships from 16 to 5, dedicated aircraft from 21 to 19 and land radars from 22 to 19.

Our ability to detect smuggler aircraft and coordinate operations against them is much improved. Since over 70 percent of our seizures are tied to advance intelligence, we believe we can safely cut back on random air and sea patrols. These operations are very expensive and have not yielded an adequate return.

Moreover, we also now see the cartels increasing their use of maritime and commercial smuggling. To counter this growing threat, we must have better intelligence and the best source of this intelligence is in the source countries. A key goal of the Strategy is to enhance the drug enforcement infrastructure of the source countries and enhance intelligence sharing. Additional, a major reason for appointing an Interdiction Coordinator is to ensure that we remain flexible in responding to the trafficker operations and that we optimize the use of our resources.

GOALS OF THE 1994 STRATEGY

Question

Dr. Brown, your Strategy lists 14 goals. I feel strongly that some contradict each other. For instance, goal 11 states "Improve efficiency of Federal drug control law enforcement capabilities, including interdiction and intelligence programs." In the past year the work "efficiency" has come to mean a reduction in the program—goal 14 states "Support, implement, and lead more successful enforcement efforts to increase the costs and risks to narcotics producers and traffickers to reduce the supply of illicit drugs to the United States." How do you do both?

Answer

The answer to this question is clear. As has been shown by several reviews of existing programs in the past year, there are areas where we can work more efficiently and make better use of existing assets. This is what is meant by the two goals you refer to, and I see no contradiction in them or problem with implementing them. If any problems were to occur, the new interdiction coordinators will certainly make me aware, and the necessary steps will be taken to overcome such problems.

BUDGET CUTS

Question

How do you cut Federal Law enforcement support and expect the risk and cost to the narco-trafficker to increase?

Answer

The President's request for funding for Federal drug control efforts in the area of interdiction are reduced by 7 percent in fiscal year 1995. This follows a period of years when funding in this area grew substantially. Our intention is not to reduce efforts or restrict programs, but to work with more targeted efforts. Many past efforts, especially those focused on random patrol in the transit zones, were time and labor intensive. By shifting our focus to the areas where drugs are produced, while at the same time keeping up support for border programs, we expect to perform our interdiction effort more effectively. As I have said before, we will keep our options open and make the best possible use of intelligence and information to target the drug trafficking infrastructure and hit hardest where it will do the most good for us, and harm to them.

CONTRACTED STUDIES

Question

Dr. Brown, I have voiced my concern in the past on the issue of contracted studies. I continue to feel that the expertise of existing resources within the other agencies could be utilized to conduct these studies. From reading the Strategy it appears that the Administration has not given this any thought. Is that an accurate reading of the Strategy? When will the Congress be provided with a list of studies anticipated?

Answer

No, that is not an accurate reading of the Strategy—nor is it the intent of ONDCP. The expertise of other Departments and agencies is without question, and we use this expertise regularly, both in normal studies and in expert consultation. I am pleased to report to you that the cooperation of these Departments and agencies is first rate. In order to improve this research capability, especially in the areas of coordination of effort, efficiency of dissemination of information, and other policy-based issues, I have directed the establishment of a special Research, Data, and Evaluation Committee. This Committee will work on ways to improve and refine our data collection and research efforts and will involve the Federal research community in joint efforts to better serve all users of data and research.

It is clear that the detailed picture of drug use and trafficking patterns necessary to formulate intelligent national policy can be developed only by means of such wide-ranging, interdisciplinary data collection and evaluation. At present, there are numerous research-based data sets containing information relevant to the development and evaluation of drug policy. Included in these are the full range of studies and surveys done by the Federal Government (including those operated by NIDA, NIAAA, DoED, DOD, DOL, DOT, Census, CDC, NCHS, BJS, BJA, and others), as well as a number of special studies done by State and local governments, Foundations, the private sector, and institutions of higher education.

While these studies and surveys contain a wealth of valuable information, the bulk of the analyses that flow from them do not relate to or act to serve policy development. Rather, these analyses are more oriented towards scientific research, long-term evaluation, and the gathering of information that is of utility for operational decisions relating to service delivery. While this is certainly valuable, the informational needs of policy makers have not always been adequately served.

ONDCP is the only Federal agency that has sought to address the need for policy-oriented research. Through our RD&E Committee and direct contact with the various agencies that are conducting research, we are working for the coordination and integration of the various data sets, with the intention of providing a data base that will better support the strategic and budgetary processes. Preliminary work on this was done by the RAND Corporation and Abt and Associates, two of our research contractors.

To further assist in gaining the information needed to inform the strategic and budgetary functions of this office, ONDCP has, over a two-year period, entered into four separate research contracts. This effort has led to such projects as the Pulse Check, models of the availability and flow of cocaine, estimates of the size and composition of the retail drug market, studies of international programs such as the Andean crop substitution program and the Thai government's program to end growth of the opium poppy, the impact of drug law enforcement on State prison populations, and other studies to guide and support policy development and budget decisions. On several occasions ONDCP has provided information on our internal data, research, and evaluation projects—past, current, and planned. I would be glad to do so at any time for you and for the Committee.

INTELLIGENCE SHARING

Question

FBI Director Freeh is expected to report on intelligence operations and coordination. When can we expect this report to be released?

Answer

• In November, 1993, the Attorney General directed the establishment of the "Office of Investigative Agency Policies" (OIAP) and named FBI Director Freeh as the OIAP's first Director. Among other things, the OIAP has been tasked to identify ways to improve information (intelligence) gathering, processing, and sharing among the DoJ agencies, particularly the FBI and DEA. Attached is a Department of Justice press release which describes the progress of the OIAP.

• I strongly support the efforts of the Attorney General and the OIAP to identify ways to improve coordination and sharing within the Department of Justice. The activities of the OIAP relate directly to intra-department programs and activities. ONDCP has been consulted on the various proposals and we have made substantive suggestions.

ADDITIONAL BUDGET AUTHORITY

Question

Dr. Brown, during Senate floor deliberations of the Crime Bill I seriously considered opposing an amendment of the distinguished Chairman which would have reauthorized your Office. Although I have been an advocate of this Office and believe everything should be done to give you the resources and authority required to do an effective job I fear we have not accomplished that to date. I believe we are at a crossroads. It is time to take a closer look at the role your office plays in conducting our "war on drugs". As you know, I have sponsored legislation which I hope will be the subject of hearings and debate this year on the reauthorization of your office. It gives your office some real teeth and takes OMB out of the driver's seat. It seems to me that with shrinking budgets for all Federal programs, that we could save money which could then be put into programs if you really had the authority to shift resources from one agency to another and override OMB in budget decisions. Do you agree with this statement?

Answer

The Administration has proposed legislation to reauthorize ONDCP, which would modestly enhance ONDCP's authority. Further, the President issued Executive Order 12880 last November which addressed some of your concerns. With the elevation of my position as Director of ONDCP to Cabinet status, done early on by the President, and with the open and ready cooperation and full support of other Cabinet members, I am able to accomplish most of what I feel is needed. I would certainly appreciate your continued strong support, as well as that of your colleagues on both sides of the aisle. If anything, a more non-partisan approach—one that takes drug control out of party politics and views it as a serious problem that *all* Americans must work together to overcome—is what is needed, and I ask your support for this.

PREVENTION PROGRAM EFFECTIVENESS

Question

For drug prevention education programs, what are you doing to ensure that the increase in funding you propose is an accountable use of money and will go for programs that work?

Answer

• The process of identifying effective prevention programs is underway and will continue.

• ONDCP has initiated a series of meetings among researchers, drug prevention experts, educators, and child development specialists to review existing programs and make formal recommendations for needed areas of emphasis and change by the end of the summer.

• Another example of the approach being taken is the National Structured Evaluation (NSE) of prevention programs being completed by the Center for Substance Abuse Prevention (CSAP).

—This nation-wide evaluation project screened over 2,000 substance abuse prevention programs and chose 440, in schools and communities, for in-depth evaluation. This will be the most exhaustive study of "what works" in substance abuse prevention programming completed to date.

• In accordance with this evaluation, CSAP's National Center for the Advancement of Prevention is developing benchmarks, guidelines, and standards for effective substance abuse prevention programs.

—These will include ideal performance characteristics as well as techniques for assessing practical performance indicators of programs and systems.

• This year, CSAP will offer to assess any existing program against these criteria to attest to their potential effectiveness and offer recommendations for changes that would bring them in line with state of the art practices.

• This should result in a number of model programs and an increased national understanding as to what is effective with regard to substance abuse prevention.

DRUG TREATMENT

Question

The Drug Strategy states, with good cause, that drug treatment for women and children is a priority. In fact, a recent study found that pregnant women comprise less than 1 percent of the total patients served in treatment centers (The Southern Regional Project on Infant Mortality, 1993).

Notwithstanding increased funding for the SAMHSA Block Grant to the states, the Administration is *not* requesting increased funding for the two big categorical grant programs in CSAT (Center for Substance Abuse Treatment) that provide treatment to women and children. How can you declare treatment for women and children a priority and not increase funding in these important programs?

Answer

- As stated in the Strategy, women, and especially pregnant women, are a treatment priority. And the Block grant request has been substantially increased to treat additional chronic hard-core users, including women.

- Pending the passage of health care reform, Federal support for treatment for women will come primarily through the block grant.

- The Congress has established priority populations for drug treatment—pregnant addicts, addicted mothers with children, and injecting drug users. By maintaining public support for drug treatment and vigorously implementing these Congressional priorities, we can begin to protect the next generation, foster community stability, and stem the criminal and infectious disease consequences of heavy drug use.

- Certain categorical demonstration programs have also been funded for the purpose of developing, documenting, and providing treatment models that can be used by resource allocators at the State and local level. These are not meant to be permanent programs, but rather to be significant contributors to the program development process.

- In addition, Treatment Improvement Protocols (TIP) have been developed to guide treatment for pregnant women and for other priority populations.

Question

Since 1980, the growth rate for women in the prison population has increased over 250 percent. As you know, a significant number of these female offenders have misused alcohol and other drugs. I am pleased to see that you advocate increasing the availability of treatment programs in our nation's prisons. Will you also recommend that we offer programs that respond to the special needs of women? And what about the children of drug or alcohol addicted mothers who are incarcerated? Should they be included as part of the treatment process?

Answer

- Women have specific treatment needs that differ from the needs of men and they face significant obstacles to treatment entry and completion. Both DHHS and DOJ are working to respond to these needs.

- In the past several years, greater emphasis has been placed on the role of the family in the therapeutic process. ONDCP supports the idea of parents bringing their children into residential treatment when such action has a beneficial therapeutic effect on the parent and also helps the child. There is some evidence that involvement of children has a positive impact on treatment participation by the parent. However, the child's interest must be considered as well.

- To be sure that the child will not be harmed by the experience, several factors must be considered before a child is brought into residential treatment in prison, including: the character of the facility, the age of the child, the strength of the bond that already exists between the child and the mother, the developmental opportunities that can be provided to the child in the institutional setting, the psychological and emotional state of the mother and the child, the crime the mother was convicted of, and the length of the sentence.

- An increasing number of community-based residential treatment programs permit children to reside with their mothers or fathers. And experimental programs are underway that allow mothers incarcerated in jails and prisons to reside with their infants and small children. Studies of these programs should help determine whether a mother's rehabilitation can be enhanced without harming the child.

Question

The 1994 Drug Strategy lists as one of its goals increased coordination among prevention, treatment and criminal justice programs to ensure that people in need are better served. What is this Administration, and you in particular, specifically doing

to coordinate prevention and rehabilitation efforts coming out of our different Federal agencies—the Education Department, HHS and DOJ, for example?

Answer

The 1994 Strategy defines the Administration's goals and objectives and indicates areas where we intend to press for changes in existing programs and coordination efforts. It recognizes the need to better coordinate across program lines to ensure that the various needs of drug users are addressed. Only by doing this can we ensure that we all have done everything humanly possible to help those in need.

It is my intention to use available coordinative groups; including the Research, Data, and Evaluation Committee, the Supply and Demand Working groups, and others to affect the needed coordination.

In addition, I will be using the process we develop to track our effectiveness in implementing the Strategy to help coordinate these efforts, as well as my special position as a member of the President's Cabinet.

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